Using An EMS-Based Urgent Care Program in the Ramah Navajo Community to Address Rural Access to Care

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**Problem**

- Community members living in the remote Ramah Navajo community of rural western New Mexico have limited access to healthcare services on nights and weekends when the local clinic is closed.
- The community of approximately 3,000 Navajo members and a larger number of non-native community members is a minimum of 45 miles from the nearest hospital, which has a 6-bed Emergency Department and very limited services. The nearest Trauma Center is over 2.5 hours away.

**Program Design**

- Urgent Care Guidelines based on community needs
- Program continues to expand as additional community needs are identified
- Program enjoys close medical director involvement for quality assurance (100% of all encounters reviewed) and education
- Monthly training with medical director on new and existing skills

**Comparison of Traditional CP/MIH Models and Urgent Care Model**

**Community Paramedicine/Mobile Integrated Healthcare Model**
- Mobile or on-site visits
- Mostly paramedics
- Focus on preventive healthcare and maintenance
- Additional training
- Often no expanded scope of practice

**Urgent Care Model**
- Supplements existing clinic
- Based in a treatment room
- Focused on acute care issues
- EMT-Basics and EMT-Advocates
- Online physician consultation by phone

**Results**

- 99 urgent care patients in 2016
- Attempts to determine cost/benefit analysis are in progress, though not complete at this time
- Guidelines and training continue to be developed

**Acknowledgements**

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