



# Development of a Frontier Tribal Community EMS Program in Pueblo of Laguna, New Mexico, USA



White CC<sup>1,2</sup>, Pearce EA<sup>1</sup>, Braunschweiger AL<sup>2</sup>

<sup>1</sup>University of New Mexico Department of Emergency Medicine, <sup>2</sup>Pueblo of Laguna Fire Protection Program

## Pueblo of Laguna



- The Pueblo of Laguna is a federally recognized Native American tribe, located 45 mi (75 km) west of Albuquerque, NM, USA
- “Pueblo” refers both to the people and to the reservation itself, a term applied by Spanish explorers of the American Southwest in the 1500s
- The population of 3,815 has a density of 4.9 people/mi<sup>2</sup> which meets the federal definition of “frontier” (< 6.5 people/mi<sup>2</sup>)
- The Pueblo of Laguna Fire Protection Program (Laguna Fire Rescue, or LFR), staffs 3 stations 24/7, with 8-9 Firefighter/EMTs per shift
- LFR transports patients to Acoma-Cañoncito-Laguna Indian Health Service Hospital, a 25-bed hospital with limited Emergency Department capabilities 15 mi (24 km) to the west, or to any of several major hospitals in Albuquerque

## Unmet Medical Needs

- Due to the remote location of the Laguna Reservation, many Laguna members are isolated from medical care, which results in missed appointments, delayed treatments, and unmet medical needs
- Simple checkups and surveillance appointments often require several hours of travel

## Unique Aspects of Native American Health Care in the United States

- The Indian Health Service (IHS) is a division of the US Department of Health and Human Services responsible for providing health services to members of federally recognized Tribes and Alaska Natives
- IHS provides health care through IHS hospitals and clinics, contract providers and clinics, and through block funding to individual tribes
- Tribal Community Health Representatives (CHRs) provide in home health education and care to tribal members

## Partnership between Laguna CHR and EMS

- In 2015, Laguna Community Health Representatives (CHR) met with LFR to develop alternative methods of caring for several tribal members who had non-urgent, non-acute health care needs outside of the CHR scope of practice
- These needs required the CHRs to transport tribal members to medical appointments many miles off reservation
- The CHRs, LFR Administration, and the LFR Medical Director determined that the LFR Paramedics could be trained to provide additional in home medical treatments and services
- Two paramedics were selected as the first LFR community paramedics (CPs)
- Initial training involved wound care and medication management
- The CHR/CP Team also recognized that regular EMS crews (i.e., non-CP trained providers) could assist CHRs with tasks such as blood pressure and blood glucose surveillance when CHRs are otherwise occupied and when EMS crews are available



Historic US Rt. 66, Laguna, N.Mex., USA

## Laguna Community EMS vs. Typical CP/MIHC

- Most typical CP/MIHC programs focus on reducing hospital readmissions and/or navigating 911 callers away from EMS and Emergency Departments
- Focus of Laguna Community EMS program is on discovering and addressing unmet/ underserved medical needs that are amenable to home-based treatment by EMS providers
- This allows the program to be built around community needs, not according to specific Community Paramedic curriculums
- The Laguna program is built upon the well-established CHR program, which provides pre-existing infrastructure and IHS funding for home based health care not available to most non-tribal (especially rural) communities
- CPs are as much CHR extenders as they are physician extenders



## Results

- Results of Community EMS/Mobile Integrated Health Care programs are difficult to quantify
- Hard data showing the positive effects of the Laguna CHR/EMS partnership is especially challenging, since many of the needs addressed by the Community Paramedics were previously unmet or under-addressed
- We are attempting to estimate the costs of the specialist care and off reservation/out of IHS network care that patients should have been receiving (but in many cases were not) and comparing them to the costs of care under the CHR/EMS model
- Anecdotal results have been especially promising among wound care patients, with many seeing dramatic improvement of long standing, poorly healing wounds
- Patient and family testimonials have been extremely positive, and impact of these comments cannot be underestimated, especially upon the members of Tribal Council and CHR who allocate IHS funding

## Future Direction

- Planning to add two additional CPs in order to provide daily coverage with dedicated CP shifts
- CHRs, CPs, and Medical Director will continue to monitor medical needs in the Pueblo of Laguna to determine next steps for additional CP education
- Likely additions include point of care testing, antibiotic administration, and pediatric asthma action plans
- Considering sending at least one CP to a formal CP training program

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