

Building a Paramedic Urgent Care Program in the Ramah Navajo Community



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Disclosures

UNM EMS Consortium Physicians

American Indians and Alaska Natives in the United States



567 Federally recognized American Indian/Alaskan
Native tribes in the United States today
2.2 million AI/AN citizens

23 tribes/pueblos in
New Mexico

219,512 AI citizens

10.5% of the New
Mexico population



Early American Indian Healthcare

- 1784- Treaty of Fort Stanwix
- Early 1800s- Department of War → Indian Affairs- military forts, episodic medical care
- 1832- Smallpox vaccinations- \$12,000 from Congress
- 1836- Ottawa and Chippewa Tribes healthcare programs
- 1911- appropriation for first separate funding for Indian health (\$40,000)
- 1921- Snyder Act- authorization for federal health services to U.S. Indian tribes

Indian Health Service (IHS)

- July 1, 1955- Indian Health Service established
 - 2,500 health program personnel
 - 48 hospitals
 - 18 health centers
 - 62 stations
 - 13 school infirmaries
- Agency within the Department of Health and Human Services (HHS)
- Provides a comprehensive health service delivery system for approximately 2.2 million of the nation's estimated 3.7 million American Indians and Alaska Natives



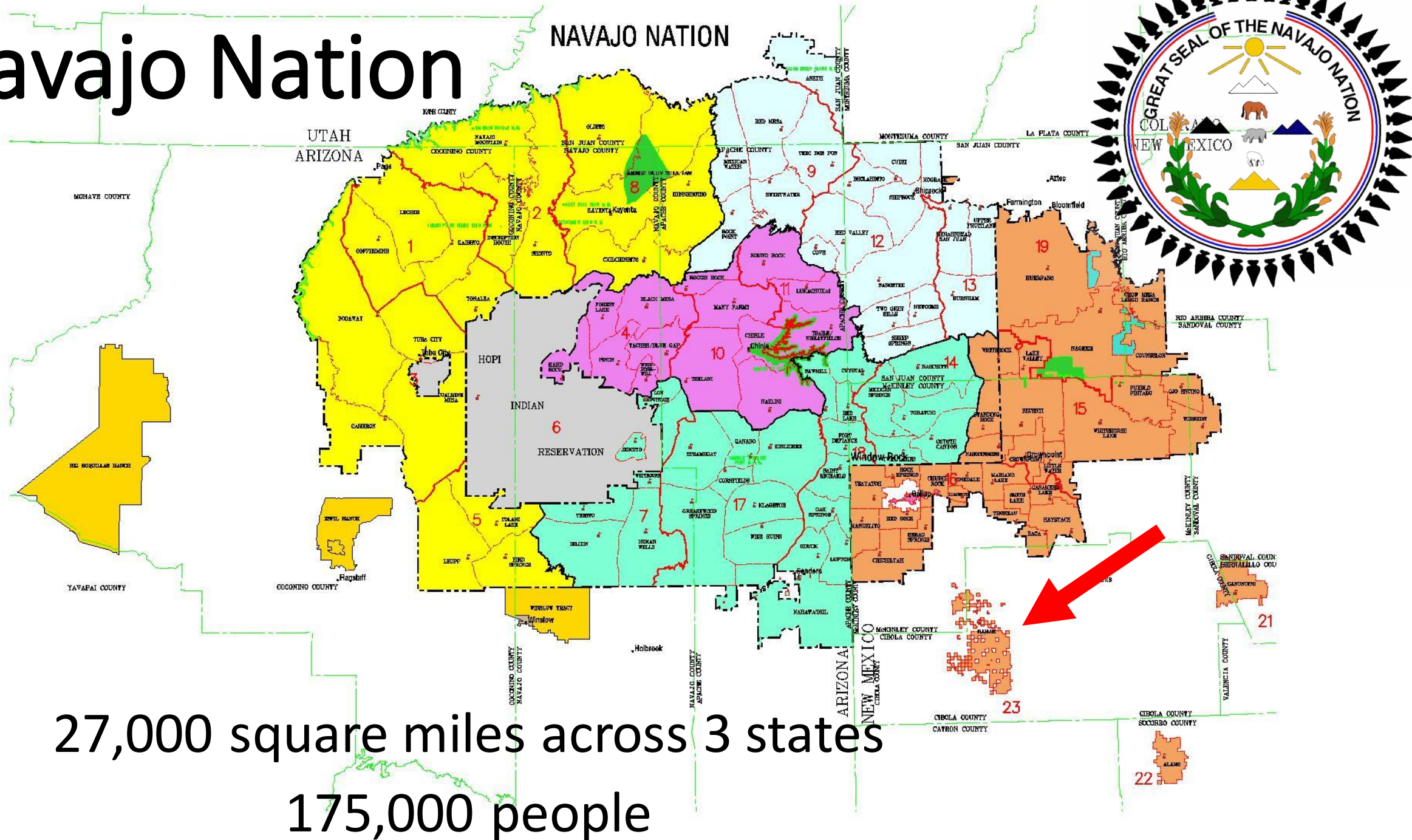
Indian Self-Determination Act of 1975



- Landmark legislation to support self-determination and improve Indian health care
- Allows tribal governments develop innovative solutions to the health care delivery challenges of their individual communities
- Allows tribes consider the needs and circumstances of their members when selecting from available health care options

Members of the Ramah Navajo community

Navajo Nation





PINE HILL HEALTH CENTER

EST. 1978 OPERATED BY THE
RAMAH NAVAJO SCHOOL BOARD, INC.,

ATTAINED THROUGH LOCAL INITIATIVE
THE FIRST COMMUNITY-OPERATED

HEALTH FACILITY UNDER INDIAN
SELF-DETERMINATION,

PUBLIC LAW 93-638

- Staff of 7-10 providers
- Mostly Primary Care Paramedics (PCPs) and emergency vehicle operators
- No Advanced Care Paramedics (ACPs)
- 398 traditional paramedic service calls annually
- 201 patients transported to hospital
- Average transport time of 43 minutes
- Average total call time 2 hours 30 minutes

UNM Physician vehicle and Pine Hill Ambulance, Pine Hill, New Mexico, USA



Pine Hill Paramedic Service



*Pine Hill Health Center employee
conducting dental education, 2002*

- Limited clinic hours (M-F, 9-5)
- Long distances to nearest hospital (45 minutes at the closest, usually more like 1-3 hours, depending on healthcare needs)
- Low average socioeconomic status, limited access to transportation resources (vehicles, gas money, licensed drivers)
- Narrow and often unsafe roads
- Simple care and interventions on-site could mitigate both time and financial burdens on patients, as well as keeping Pine Hill paramedics more available for critical traditional paramedic responses

Community Needs Assessment

Meeting Community Needs Locally

- Wound care
- Cold & flu illnesses
- Mild hypo/hyperglycemia

- Urinary tract infections
- Mild allergic reactions
- Sprains & strains

Pine Hill ambulance providing medical coverage at the 2016 Ramah Navajo Fair and Rodeo, Pine Hill, New Mexico, USA

Traditional CP/MIH Models

- Mobile or on-site visits
- Mostly Advanced Care Paramedics (ACPs)
- Focus on preventive healthcare and maintenance
- Additional training
- Often no expanded scope of practice


*Pine Hill Ambulance,
New Mexico, USA*

Pine Hill Paramedic Urgent Care Model

Pine Hill Treatment Room

- Supplements the existing clinic by providing care after-hours and on weekends
- Based in a treatment room at the paramedic agency
- Focused on acute care issues
- Predominantly staffed by Primary Care Paramedics (PCPs)
- Online physician consultation by phone

Medical Direction

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- University-based consortium of EMS Physicians
 - Provides medical direction to 35+ paramedic agencies
 - Emergency Medicine-trained
 - 1 year of additional training in an EMS Fellowship
 - 24-7 access via phone for field providers

Addressing Community Needs

	Additional Medications	Additional Interventions
Wound Care	Acetaminophen, Ibuprofen, Lidocaine, Antibiotics, Tdap	Wound care, sutures, staples
Cold & Flu Symptoms	Acetaminophen, Ibuprofen, IV fluids, oral rehydration fluids	-
Mild Allergic Reactions	Diphenhydramine	-
Hypo/Hyperglycemia	Oral or IV dextrose	iStat point-of-care testing, IV skills
Urinary Tract Infection	Antibiotics	Urinalysis
Sprains and Strains	Acetaminophen, Ibuprofen	Splinting and taping

Dr. White training paramedics on new equipment

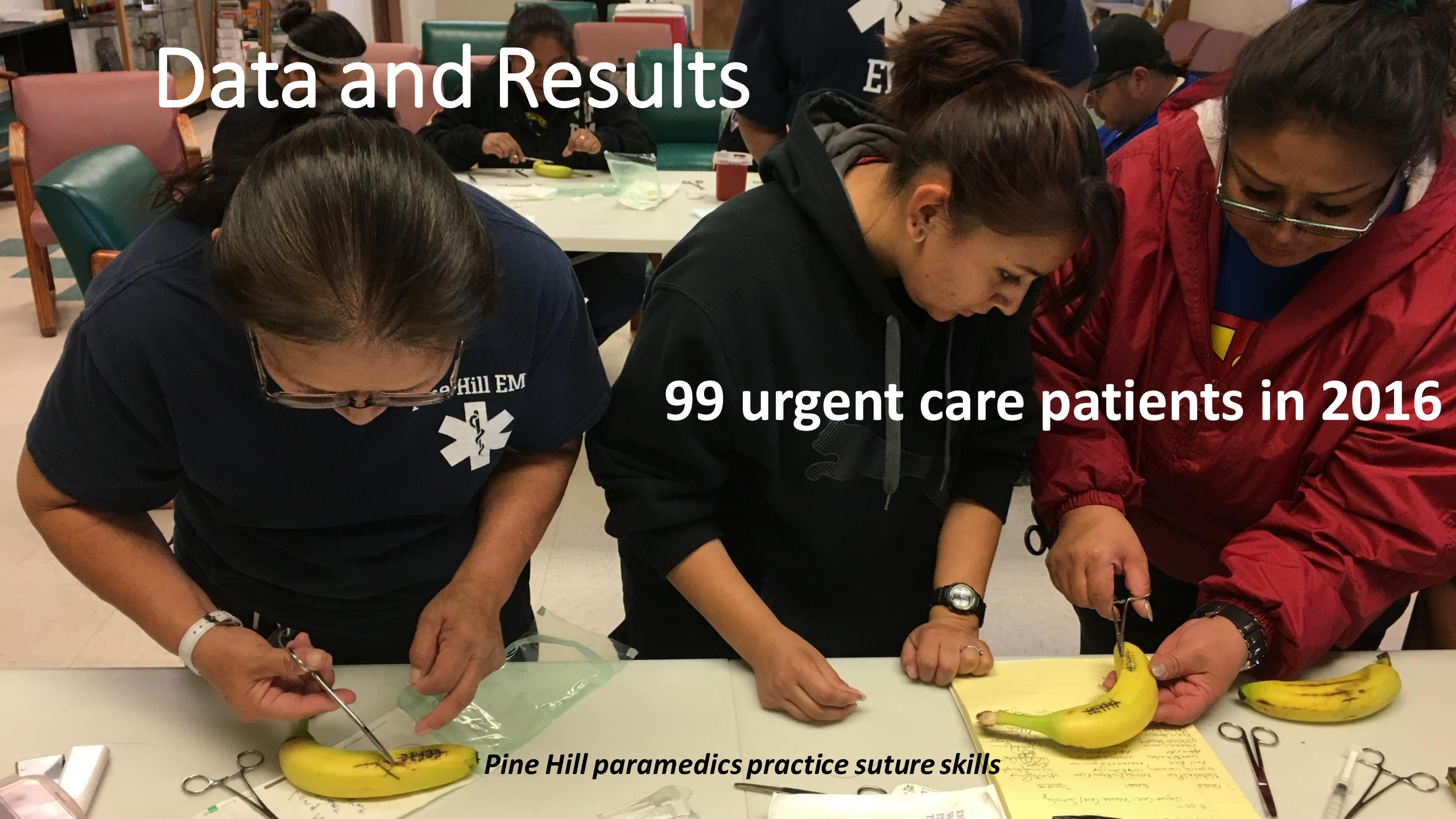
Training

- Monthly QA sessions and 6-8 hour skills blocks
- 100% physician QA of all urgent care patient records

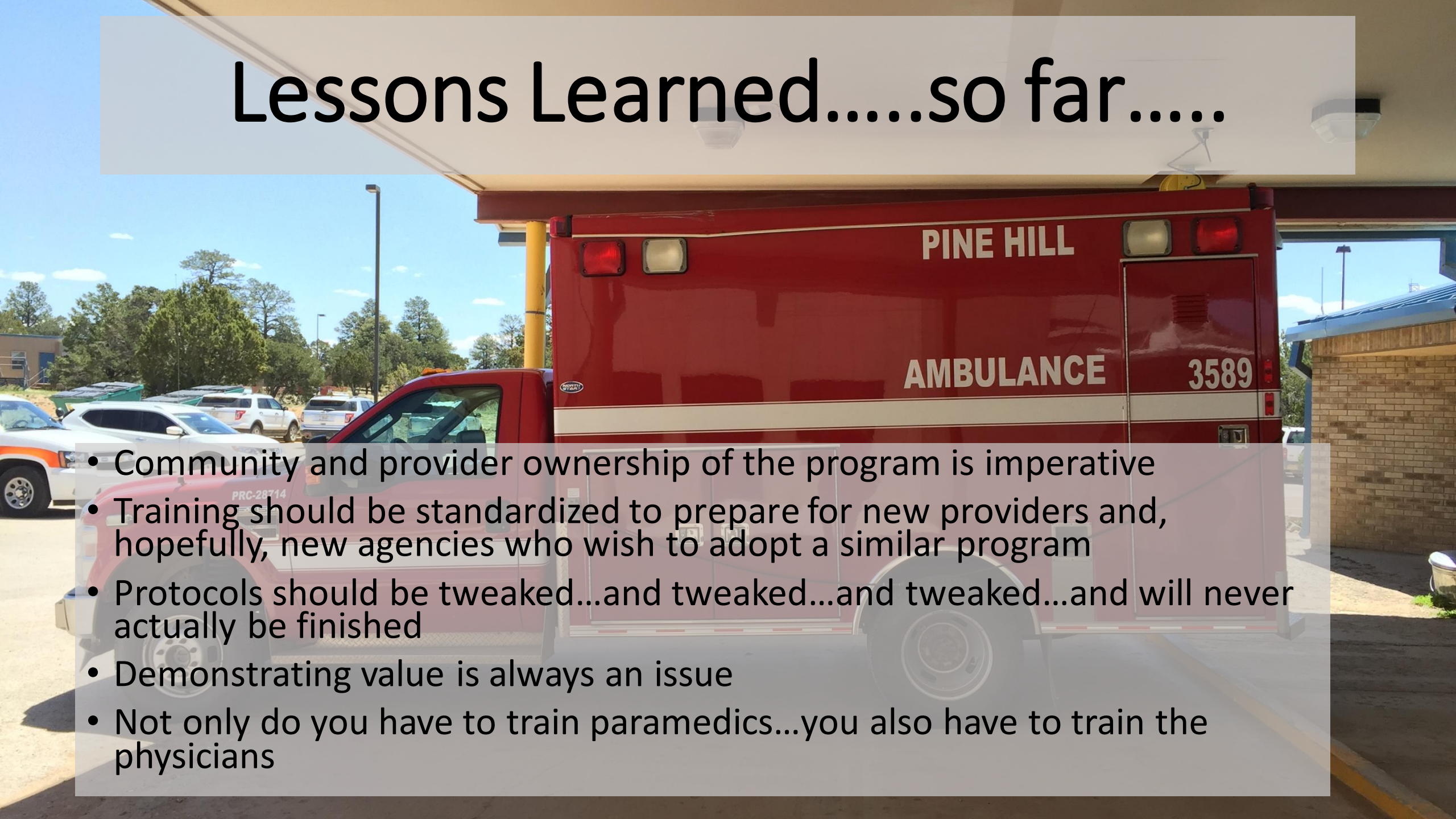
Data and Results

99 urgent care patients in 2016

Pine Hill paramedics practice suture skills



Lessons Learned.....so far.....

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- A red Pine Hill Ambulance 3589 is parked in front of a building. The ambulance has "PINE HILL" and "AMBULANCE 3589" written on its side. In the background, there are other vehicles, including a white car with "PRC-28714" on its side, and a building with a brick wall. The scene is outdoors with trees and a clear sky.
- Community and provider ownership of the program is imperative
 - Training should be standardized to prepare for new providers and, hopefully, new agencies who wish to adopt a similar program
 - Protocols should be tweaked...and tweaked...and tweaked...and will never actually be finished
 - Demonstrating value is always an issue
 - Not only do you have to train paramedics...you also have to train the physicians

Future Goals

- Standardize training modules
- Develop video conferencing system
- Expand to some of our other rural, tribal paramedic programs and develop similar programs based on community needs



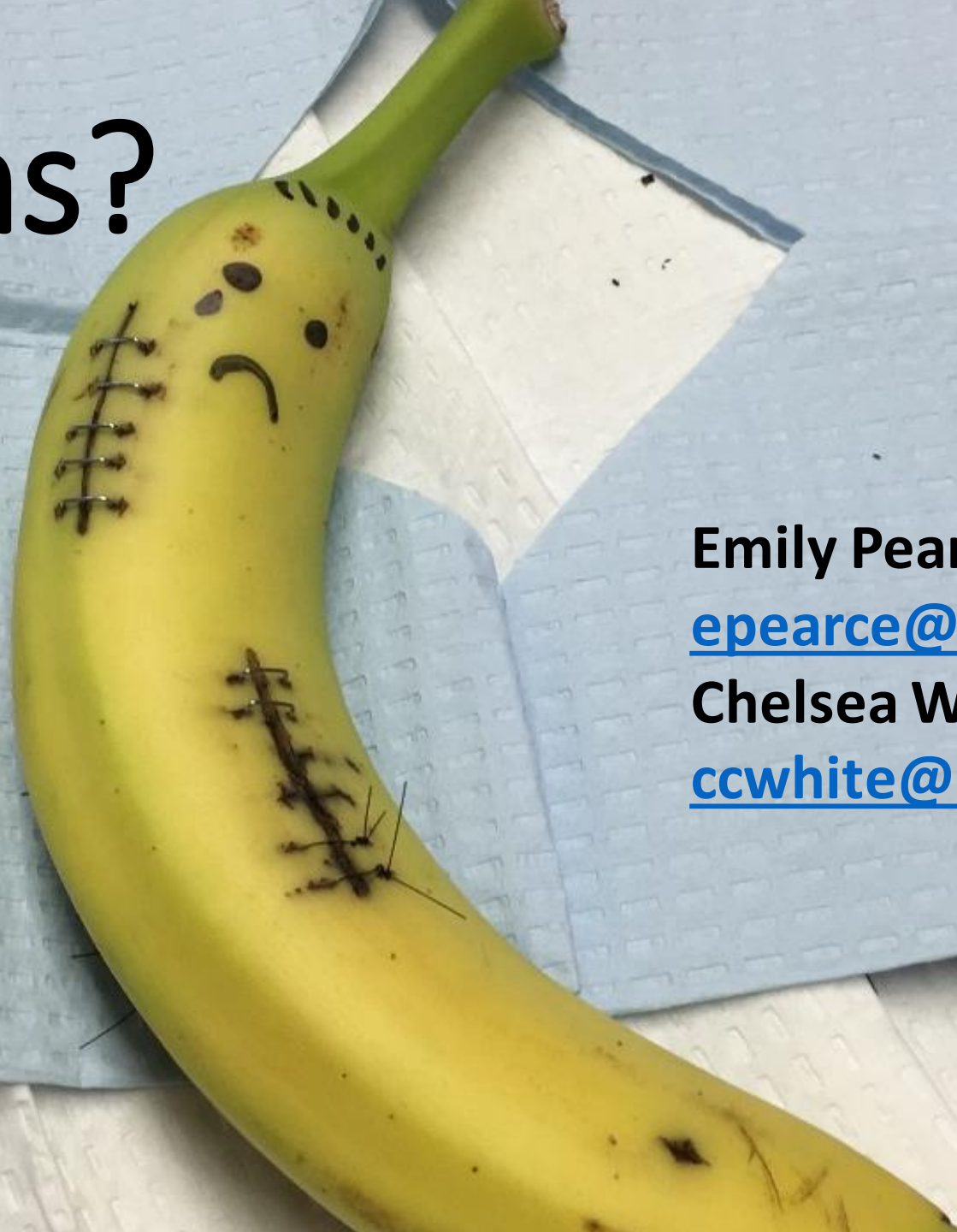
Applicability to Other Programs

- Remote and rural paramedic programs with long transports and limited resources may benefit from expanding a scope of practice
- Establishing a treatment area may be difficult in a traditional station
- State or agency scope of practice may be a hurdle

Thank You



Questions?



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