



## PECOS VALLEY PUBLIC SERVICES

### Community Emergency Medical Services (CEMS):

**Compassionate out of hospital care by expanding access to health services, preventing emergencies, and reducing the workload and cost of traditional emergency medical environments.**

Michaela Merz, NRAEMT

Director, Pecos Valley Public Services

[www.pecosvalley.org](http://www.pecosvalley.org)

michaela.merz@pecosvalley.org

(832) 757 8388

This document and a podcast can be downloaded at

<https://www.pecosvalley.org/cems-report/>





**Community Emergency Medical Services (CEMS): Compassionate out of hospital care by expanding access to health services, preventing emergencies, and reducing the workload and cost of traditional emergency medical environments.**

Community Emergency Medical Services (CEMS) represents a forward-thinking, hybrid model that redefines traditional EMS by integrating emergency response with proactive, community-based healthcare. Our mission is to prevent avoidable medical emergencies through early intervention, education, and expanded access to care - ultimately reducing healthcare costs, easing the burden on emergency departments, and improving outcomes for our patients.

The foundation of the EMS system was laid out in the 1966 report, *"Accidental Death and Disability: The Neglected Disease of Modern Society,"* commonly known as the **White Paper**, published by the **National Academy of Sciences – National Research Council**. This landmark document emphasized the urgent need to reduce preventable deaths from trauma and accidents - particularly from motor vehicle collisions - through structured, trained, and coordinated emergency medical response.

The evolution of EMS further progressed with the passage of the **Emergency Medical Treatment and Labor Act (EMTALA)** in 1986, which requires hospitals and ambulances to provide emergency care to all individuals, regardless of insurance status or ability to pay.

While EMS originally focused on high-acuity emergencies, modern EMS providers are increasingly called to manage non-emergency situations, including:

- Minor injuries
- Behavioral and mental health crises
- Low-acuity medical conditions
- Social support and transportation needs



This shift has strained EMS resources, increased system costs, and diluted providers' focus and skillsets in managing life-threatening emergencies.

Community EMS is actively addressing these issues by providing non-emergency medical care through the following programs:

**1. Medical Standby Services at Community Events**

CEMS provides free on-site medical support at local fairs, sports events, and public gatherings. By offering immediate care when needed, we can often manage health concerns before they escalate into costly 911 calls or emergency room visits. We proudly partner with organizations such as the Salvation Army, the Eastern New Mexico State Fair, and the Chaves County Health Council to make these services available where they are most needed.

**2. Inclement Weather Patrols**

During extreme heat or cold, CEMS conducts wellness patrols to check on at-risk individuals - particularly the elderly, unhoused, or medically fragile. These proactive interventions help prevent severe medical emergencies such as heat stroke, hypothermia, and dehydration by ensuring early identification and response.

**3. Community Health Checks**

Many residents hesitate to call 911 out of fear of high medical bills or uncertainty about the seriousness of their condition. Through partnerships with other organizations and agencies, community members can request a non-emergency visit from our team for basic health assessments, helping to identify and address issues early - before they become life-threatening.



#### **4. “Digi-Doc” Telemedicine Access (formerly “Doctor On Wheels”)**

Thanks to support from Blue Cross Blue Shield of New Mexico, we are launching “Digi-Doc,” a tele-health initiative that brings virtual medical consultations directly to patients using our mobile units. This service is especially valuable in rural areas and for individuals with transportation challenges. “Digi-Doc” also enables us to escalate care appropriately when an in-person emergency response is not warranted, but further evaluation by a healthcare provider is necessary.

#### **5. Health Screening Pop-Ups in High-Traffic Areas**

To further our mission of early intervention, CEMS regularly conducts health screening “pop-ups” in high-traffic community locations. These events offer free, basic health checks - including blood pressure, blood oxygen levels, and blood sugar testing - to help residents identify common but often undiagnosed health issues. Conditions like hypertension, a leading cause of cardiovascular events such as heart attacks, frequently go unnoticed until a crisis occurs. By raising awareness and identifying these risks early, we empower individuals to seek timely care and prevent medical emergencies.

#### **6. Non-Violent Mental Crisis Response**

As EMS providers, we have experience with mental health crisis. Additionally, we are trained in Mental Health First Aid. This allows us to address and resolve most non-violent crisis situations with compassion and professionalism, further reducing the requirement for traditional EMS responses.



## 7. Community Training and Education

CEMS offers free training sessions focused on lifesaving skills, including CPR and AED use, "Stop the Bleed" techniques, choking response, and basic first aid. These trainings are open to the public and designed to empower individuals to act confidently in emergencies before professional help arrives. All courses are led by certified instructors credentialed through the American Red Cross, the American Heart Association, and the American College of Surgeons. By increasing the number of trained community members, we are building a more resilient, responsive, and health-aware population.





### 8. A look at the cost / benefit of “Community EMS” :

Community EMS does not focus on “Advanced Life Support” (ALS) . As a matter of fact, in the modern pre-hospital environment, about 70% - 80% of 9-1-1 calls do not require ALS. While CEMS may occasionally support “red light” EMS or encounter critical patients, the responding team will always have the skill set and medical license to stabilize a patient until ALS support arrives. Additionally, the integration of volunteer EMTs and community first responders significantly reduce costs for the community and health insurance providers.

Furthermore, the proactive programs offered by Community EMS - such as community health screening pop-ups - are designed to identify potential medical issues early, including high blood pressure and blood sugar irregularities. At one recent community event, Pecos Valley CEMS screened 82 individuals and found that 38 had elevated blood pressure; 25 of them were previously unaware of their condition. If even one of these screenings prevented a single cardiac emergency, such as a myocardial infarction, the resulting savings in emergency treatment and follow-up care could exceed \$100,000 for the community and health insurance providers.

ACCOUNT DETAIL	
Service Description:	INPATIENT SERVICES
Total Charges	\$142,368.62
Insurance Payment	\$0.00
Patient Payment	\$0.00
Adjustment	-\$92,368.62
Balance Due	\$50,000.00
<b>Amount Due</b>	<b>\$50,000.00</b>
<b>Due Date</b>	<b>UPON RECEIPT</b>

This image shows the initial cost of the treatment of a myocardial infarction.



## 9. Problems encountered during the establishment of CEMS

Pecos Valley Public Services is, to the best of our knowledge, the only non-governmental, nonprofit licensed EMS agency in the State of New Mexico. This unique position means we operate outside the traditional “chain of command.” As is often the case with forward-thinking - or, as some might say, “disruptive” - approaches, we have encountered skepticism and hesitation from some established first responder agencies.

While we have received strong support from the state, particularly from the Chief of the EMS Office, we continue to face resistance from certain local organizations. For example, we submitted a request for access to the dispatch network nearly nine months ago. We believe such access is essential for promptly calling additional resources when needed. Relying on cell phones is impractical when wearing PPE (such as gloves), providing patient care, and potentially managing exposure to bodily fluids. Although 12 local nonprofits have endorsed our request, and the relevant officials have acknowledged receipt, we are still awaiting a response.



These local nonprofit organizations are supporting Pecos Valley CEMS access to the public dispatch radio network.



In addition, we must professionalize the agency to ensure it becomes self-sustaining. This includes building a more robust and reliable service model that does not rely solely on volunteers, as we face the same recruitment challenges experienced by other agencies.

In 2024, we contributed more than 1,000 volunteer hours (on top of our regular duties) responding to the Ruidoso fires (and subsequent evacuations to Roswell) and the Roswell October flooding. During these events, we staffed and managed medical standby operations in four shelters, providing basic first aid, medical assessments, and a range of essential services to evacuees.

New Mexico Secretary of Health, Gina DeBlassie, recommended that we engage with state health insurance providers to negotiate “bundled rates” for our services. This initiative is on our current to-do list, and any assistance in advancing these discussions would be greatly appreciated.

## **11. Community EMS vs. Community Paramedic**

At its core, Community EMS (CEMS) is an emergency medical service designed to address out-of-hospital medical situations. Ideally, it should be part of a two-tiered system - where 9-1-1 dispatch uses triage protocols to determine the required level of care, sending cost effective CEMS units for lower-priority cases.

While CEMS should work closely with Community Paramedics, there are distinct differences in the scope of care. CEMS does not wait for activation; its preventative approach aims to reduce the occurrence of medical emergencies. This includes proactive services such as event standbys, community health screenings, and scheduled “Digi-Doc” telemedicine appointments.



## 12. Summary

We believe the hybrid Community EMS model delivers meaningful benefits to every stakeholder. Patients receive compassionate, professional, and timely care that extends beyond the scope of traditional emergency medical services. Through the integration of “Digi-Doc” (formerly “Doctor on Wheels”), CEMS expands medical care even more - especially for vulnerable populations and rural neighborhoods.

For the community, this means fewer 911 calls. For hospitals, it reduces emergency room usage and strain on resources. For health insurance providers, it translates into substantial cost savings by lowering the need for emergency care and transports.

Although we are still a small agency, our impact is already measurable. Requests for service nearly double each year as public awareness grows. We have saved lives, reduced ambulance call volumes, prevented unnecessary ER visits, and become a trusted presence in several vulnerable communities in our region.

We are confident that Community EMS represents a viable, forward-thinking approach to meet the evolving demands of the EMS landscape - allowing “red light” EMS providers to re-focus their resources on incidents requiring advanced care and rapid response - as originally setup in the 1966 “White Paper”, published by the National Academy of Sciences – National Research Council.