

## **New York State's Largest House Calls Provider Celebrates 10 Years of Providing Vital Health Care to Homebound Patients**

**Bronx, NY (June 24, 2015)** – On Tuesday, June 23, 2015, EssenMED House Calls celebrated 10 years of providing vital health care services to homebound, elderly and disabled populations throughout New York City and Westchester.

“Celebrating 10 years of providing care to some of the city’s most vulnerable populations is an outstanding milestone for EssenMED House Calls,” said Founder and Chief Medical Officer Sumir Sahgal, MD. “During this past decade, we have worked tirelessly to ensure that innovative, high-quality health care is accessible to all individuals, especially underserved populations such as the chronically ill, frail, elderly and disabled, who are often overlooked in a constantly-changing health care environment.”

Sahgal, who was recently recognized as “House Calls Doctor of the Year” by the American Academy of Home Care Medicine, founded EssenMED House Calls in 2005 as a means of caring for some of his frailest, elderly patients who had discontinued in-office visits. Many of these patients had gone to nursing homes because they could no longer care for themselves, while others had either moved away to be cared for by family, or were just too frail or ill to leave their homes altogether.

Over the years, what started off as a service providing house calls to just 40 patients in the Bronx, transformed into an organization that utilizes the latest state-of-the-art mobile technology to provide comprehensive care to nearly 4,000 homebound patients, over 50 of whom are centenarians, in the comfort of their own homes, making it the largest house calls provider in New York State. Setting it apart from its competitors, the organization offers a broad range of services that most others don’t provide, including primary and specialty care, chronic disease management, coordinated home care services, diagnostic testing and imaging, and interim care. Additionally, EssenMED boasts two unique programs that go above and beyond just regular in-home medical visits: its Care Management Program and Transition of Care (TOC) Program.

The Care Management Program addresses the various socioeconomic and environmental needs that affect health outcomes of patients by assigning a Nurse Care Manager who serves as a patient's central point of contact and assesses the need for various services such as home health aides, skilled nursing, medical equipment and supplies, transportation, home-delivered meals, and specialty care referrals.

The Transition of Care Program is a 30-day post-discharge management program designed to help patients transition back into the community following a hospital or other health care facility admission. Through an in-home visit and telephonic follow-ups, the program monitors patients for 30 days, during the critical time period when complications leading to avoidable readmissions are more likely to develop.

Furthermore, as a sought-after community health partner, EssenMED has fostered collaborative partnerships with a number of reputable hospitals and health care agencies, including Mount Sinai Hospital, Bronx-Lebanon Hospital, Saint Barnabas Hospital, Brooklyn Hospital, R.A.I.N, Visiting Nurse Service of New York and Westchester, and JASA, just to name a few. Through these relationships, EssenMED cares for and provides TOC services to recently-discharged patients of these facilities, ensuring that patients receive the care necessary to help them safely transition from facility to home.

For more information on EssenMED House Calls, call 718.294.6200 or visit [www.essenmedhousecalls.org](http://www.essenmedhousecalls.org).