

eClinicalWorks

# CASE STUDY



## **ESSENMED - NEW YORK'S LARGEST HOUSE CALLS PROVIDER**

PROVIDING HIGHEST QUALITY CARE TO  
CHRONICALLY ILL HOMEBOUND PATIENTS

*improving healthcare together*

## The Challenge

As a rapidly expanding provider of home-based healthcare services, EssenMED House Calls was looking for an Electronic Health Records company that could offer the mobility, power, flexibility, and ease of use they needed to serve thousands of homebound patients and their caregivers in New York City and Westchester County.

## The Solution

EssenMED House Calls, founded in 2005, switched to eClinicalWorks in 2008, and proceeded to forge a partnership with a company able to help them deliver the full range of their services, including care management, coordinated home care, diagnostic and specialty care, and transition-of-care services for patients returning home from a hospital stay.

## The Results

Using eClinicalWorks, EssenMED House Calls has become far more efficient. Without the need to return to their offices to download data and obtain test results, providers have increased the range of services available to patients in their homes, added a care management division, cut hospital readmission rates, improved the quality of life for patients and their caregivers, and expanded their practice to cover 4,000 patients — the largest house calls practice in NYC.

*eClinicalWorks*

**CASE STUDY**

# EssenMED House Calls

Bringing Home Quality Care  
and a Higher Quality of Life

## Answering the Call for House Calls



Dr. Sumir Sahgal

Dr. Sumir Sahgal wasn't necessarily looking for another challenge. As founder and Chief Medical Officer of Essen Medical Associates, P.C., he has overseen a busy and successful multi-specialty practice in the Bronx, New York, since 1999. With seven locations and thousands of patients, Essen plays a vital role in the communities it serves, and was among the first practices in New

York State to achieve Level 3 Patient-Centered Medical Home recognition from the National Committee for Quality Assurance.

But in 2005, Dr. Sahgal decided to revisit a time-honored tradition from the American medical past for his next adventure: He chose to launch a practice bringing back house calls.

That decision may have struck many as counterintuitive at the time. After all, house calls, which in 1930 constituted about 40% of all patient encounters in the U.S., had fallen steadily in popularity throughout the rest of the 20<sup>th</sup> century, declining to a mere 1% of patient encounters by 1980, according to a 2011 study in American Family Physician.<sup>1</sup>

But recent history has proven that in medicine, as in so many other areas of life, everything old is new again. The company Dr. Sahgal

<sup>1</sup> American Family Physician, April 15, 2011, <http://www.aafp.org/afp/2011/0415/p925.html>



eClinicalWorks' EHR solutions offer EssenMED House Calls the functionality and mobility they need to deliver quality care to thousands of home-bound patients.

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EssenMED House Calls offers the comprehensive range of services patients would expect to receive at any given visit to their doctor.

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founded, EssenMED House Calls, turns out to have been on the leading edge of a movement that is once again emphasizing the value and importance of treating at least some patients in the comfort of their homes.

"We started way before everyone else, because we perceived a need in the community," Dr. Sahgal said, explaining that the reasons patients don't keep office appointments often have nothing to do with their health directly. They may lack transportation. They may be

preoccupied with their jobs or putting food on the table. Or they may simply have poor memories and forget to keep their medical appointments.

EssenMED House Calls has found effective ways to address such factors and has been successful in bringing care directly to patients.

"We've been doing this program for 11 years, and expanded from 40 patients to over 4,000 patients," Dr. Sahgal said. "During these years, we have come up with innovative ways to serve these

patients at home, and one of the key ingredients has been Electronic Health Records. We have been able to do amazing outreach to this invisible population that is homebound."

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## Comprehensive Care of Many Kinds

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For starters, EssenMED House Calls offers the comprehensive range of services patients would expect to receive at any given visit to their doctor.

"We provide primary and routine care," said Patricia Tobon, who is the practice's director of communications and manager of business development. "We visit our chronically ill patients about once per month, making sure they have all their medications and don't need any additional services put in place."

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The company Dr. Sahgal founded, EssenMED House Calls, turns out to have been on the leading edge of a movement that is once again emphasizing the value and importance of treating at least some patients in the comfort of their homes.

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But the practice doesn't stop there. Many of EssenMED's patients are elderly, chronically ill, or both, and are frequently hospitalized. Other, younger patients may have serious conditions that can require frequent hospitalization.

Thus, much of EssenMED's work focuses on interim and transitional services.

"When patients are released from the hospital, that first 30 days is oftentimes the most critical time to make sure that they don't return to the hospital for the same condition," Tobon said. "We track them for 30 days, we see them at least once a week, or

as needed, to make sure that they don't return to the hospital. And again, any additional services are put into place."

EssenMED's work reflects the diversity of needs among homebound patients:

- Seasonal care: Some elderly patients are homebound only during the winter months, when weather conditions in and around New York City

## The high toll of hospital readmission

Being readmitted has consequences. For one, readmissions cost Medicare an estimated \$17.5 billion a year, as hospitals bill the government for the care.

But the toll readmission takes on patients and their families is incalculable. "The most important problem of readmission is not the cost, but the fact that patients are ending up back in the hospital," David C. Goodman, M.D., co-principal investigator of the Dartmouth Atlas of Healthcare, said. "That means they have gotten sicker, or that there is a failure to care for them in their community."

Readmission carries health risks as well. "Every readmission is a traumatic event for the patient," said Kumar Dharmarajan, M.D., a visiting scholar in cardiology at the Yale School of Medicine, who has researched the issue. "Every time a person enters a hospital, (s)he is at risk for multiple complications." Those include infections from drug-resistant organisms, side effects from medicines and invasive procedures, and outright medical errors. "Specific problems that older patients face include accelerated loss of muscle mass from bed rest, sleep disruption, and worsened cognition."

Source: Consumer Reports; <http://www.consumerreports.org/cro/2014/04/get-out-and-stay-out-of-the-hospital/index.htm>

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“ In the past there were limitations on what you could do in the home. You could see the patient, but there was little else you could do. Now, because of the eClinicalWorks EHR, we are able to access the patient’s record in the setting and comfort of their home. We not only examine them, but also make our notations and share them with the other members of the caregiver team in a well-coordinated manner. ”

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— Dr. Sumir Sahgal, Medical Director EssenMED House Calls

make it difficult, dangerous, or impossible for them to get out. The practice will visit them at their homes to monitor common conditions such as diabetes, hypertension, and heart disease, and ensure they have the medications and care they need.

- Care management: Providers today understand that patients’ needs go beyond documenting an exam and prescribing medications. Ensuring good health means making sure patients have meals delivered to their homes, that medications are prepared and packaged in ways that will help ensure patients take them, and that family support networks are in place.

- Home attendants: EssenMED works to ensure that care is provided for as long as the patient needs it. Attendants make certain that any necessary durable medical equipment is available so that the patient can stay at home safely, and that other psychosocial needs are met.

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## A Pioneer and Leader Takes the Next Step

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Dr. Sahgal emphasized that the range of services his practice can offer is possible precisely because healthcare IT has grown to meet new and emerging needs.

His original practice, Essen Medical Associates, P.C., adopted an EMR in 2005, and switched to eClinicalWorks in 2008 because

## How the house call may be the future of medicine

Doctors who make house calls may seem like something from America's Norman Rockwell past. But they never disappeared entirely, and there is new evidence that home visits can play an important role in providing healthcare to the aged and chronically ill — while saving taxpayers millions.

The federal Centers for Medicaid & Medicare Services (CMS) said in August 2016 that a demonstration project has shown that delivering comprehensive primary care services at home helped to keep Medicare recipients with multiple chronic illnesses or disabilities out of hospitals, emergency rooms, and nursing homes.

A growing body of literature on the impact of medical house call programs concludes that these programs are effective in reducing hospital and emergency room use, improve patient quality of life and well-being, and provide valuable benefits to patients.

### POTENTIAL BENEFITS TO VULNERABLE PATIENTS:

- Improved access to medical care
- More timely diagnoses and treatment of injury or illness
- Evaluation of patient's home environment to improve safety and quality of life
- Improved care coordination and continuity of care
- More relaxed and intimate doctor/patient relationship
- Better ability for vulnerable residents to "age in place"
- Fewer hospital stays and emergency room visits

Source: The Pew Charitable Trusts; <http://www.pewtrusts.org/>. And Centers for Medicaid and Medicare Services (CMS); <https://www.cms.gov>

of the greater power and flexibility it offers. His practices won recognition that year from then New York City Mayor Michael Bloomberg for being among the first in the New York City metropolitan area to successfully implement Electronic Health Records.

"In the past, there were limitations on what you could do in the home," Dr. Sahgal said. "You could see the patient, but there was little else you could do. Now, because of the eClinicalWorks EHR, we are able to access the patient's record in the setting and comfort of their home. We not only examine them, but also make our notations and share them with the other members of the caregiver team in a well-coordinated manner."

"With the previous service that we used, you had to come back to the office, download, upload, all kinds of messes," Tobon said. "eClinicalWorks really helped in the evolution of what has now become a very large organization. It has allowed us to remain seamless."

"Our house call patients were at first surprised," Dr. Sahgal added. Their initial reaction was 'Are you kidding us? Are you really coming to our home?' Then, once they have the visits, they are so happy."



## A Family's Story

To understand how important a role EssenMED House Calls plays in the lives of thousands of New York City families, eClinicalWorks visited with Amelia Rose, the mother of Azurdee Scott.

"Azurdee was born with malignant brain tumors, detected in the fourth month of pregnancy," Rose said. "They told me she might not survive birth. She was born with hydrocephalus and the tumors, and they told me that as she grows, her medical conditions will grow worse."

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Rose said her daughter's hospital stays used to range from a few days or weeks to as long as three months. Each visit meant disruption and worry, and the risks of hospital-borne infections. Rose had difficulty keeping a regular work schedule. She recalls that she was in the hospital with her daughter so often that she got to know everyone there — doctors, nurses, janitorial staff, and security officers — and almost felt like a part of their families.

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"She is one of the most complex patients I've ever taken care of," Dr. Sahgal said of Azurdee.

"Before we started taking care of her, she was going to the hospital because of infections, displacement of the feeding tube, because of pulmonary obstruction, and her tracheostomy. Since we have been taking care of her over the last 10 years, her visits to the emergency room have dropped dramatically."

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"I didn't know that they had House Calls," Rose said. "One time Azurdee went in for an unknown fever, and they were discussing how she was constantly having visits to the ER. The social worker was telling me about House Calls, saying Azurdee is a perfect candidate."

Rose decided to give Essen House Calls a try. It has changed her life and that of her daughter for the better.



EssenMED House Calls has been providing state-of-the-art in-home medical care to the elderly and home-bound community since 2005.

“They started monitoring her on a weekly basis, then it went to two weeks, and then the visits were monthly,” Rose said.

Dr. Sahgal noted that because Azurdee is on several medications and requires constant monitoring, being able to provide a full range of services in the home has been an enormous relief for the family.

“What I like about the new system they have is that before, when the providers came out to the house, they had to print out all the information in the office,” Rose said. “Now they have laptops. They can pull up the person’s file, and everything is there, the medications, the last time they went to the hospital, urine tests, cultures, bloodwork. Everything is there. That’s a big help.”

“Doing house calls for homebound patients without an EHR is an impossible thought,” Dr. Sahgal said. “It would be so difficult and limited, that it may not even be in the patient’s best interest to have a house call. Now, with eClinicalWorks, not only can we access past records in the field, but we can coordinate and improve the quality of care.”

For Rose, all that has made a huge difference in the quality of her life.

“I haven’t run to the hospital in four or five years,” Rose said. “You know, it’s really hard on you when you’re in and out of the hospital. You can’t maintain a job, you don’t have a life. Now I’m able to work. I have a home health aide. It’s a good feeling. I don’t have to stress out and worry whether Azurdee is all right. I’ve always done the best I can for her, and I’ll continue to do so.”





The eClinicalWorks EHR offers Dr. Sahgal the power and flexibility needed to run EssenMED House Calls, providing in-home care to 4,000 NYC-area patients and their families.

2003 shows a 43% increase in the number of house calls, according to a report in “Generations,” the journal of the American Society of Aging.<sup>2</sup> Yet, according to a 2013 survey by the American Academy of Family Physicians, only 13% of their members had made any house calls in the previous year, and only 3% had made more than two house calls weekly.<sup>3</sup>

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Finally, once a practice has solved the financial and situational challenges that come with providing house calls, it still needs the right healthcare IT partner in order to deliver on the promise of quality care in the home. EssenMED House Calls found that partner in eClinicalWorks.

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## A Difficult Model to Master

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Given the success EssenMED has enjoyed, why aren't more providers incorporating house calls into their practices? And what explains apparently conflicting data on the return of house calls? On the one hand, Medicare data from 1998 to

Part of the explanation lies in the math. With house calls still representing a very small percentage of all medical encounters, the efforts of a few providers such as EssenMED can help account for a substantial percentage growth, even as house calls still remain relatively unusual across the country.

Dr. Sahgal outlined three obstacles.

First, he noted, financial reimbursements are not as attractive as for office visits. Providers do as much or more work with a house call, but the reimbursement they receive is not always commensurate with the efforts they are making. Thus, it takes both dedication to the concept and a deep-seated belief that the efforts will lead to both improved care and lower costs.

Besides the financial aspect, he said providers need to have a different outlook than they do with a regular office visit or in-hospital visit. It isn't always easy to step into a new and different

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<sup>2</sup> <http://www.asaging.org/blog/medically-oriented-hcbs-house-calls-make-comeback>

<sup>3</sup> [http://blogs.aafp.org/cfr/freshperspectives/entry/house\\_calls\\_improve\\_care\\_lower](http://blogs.aafp.org/cfr/freshperspectives/entry/house_calls_improve_care_lower)

environment, to see patients and families in their homes, and recognize and respond to the many challenges that one may encounter, both medical and social.

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That firsthand feedback is vital for providers because it increases their understanding and awareness of healthcare as a holistic endeavor.

As a result of their experiences over the last 11 years, EssenMED House Calls has added a care management division, involving registered nurses, social workers, dietitians, and other specialists in a team-based approach to meeting the healthcare needs of homebound patients.

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EssenMED House Calls found that partner in eClinicalWorks.

“Patients aren’t always aware of what systems are used on the back end, because that’s not something that we go around telling them about,” Tobon said. “They realize the benefits in action. If a patient calls in on the weekend, the on-call physician can log into the patient’s chart wherever they might be, see the history, and whether it’s something they can handle over the phone.”

Tobon said that patients are often pleasantly surprised that they can get the care they need on weekends, but don’t necessarily understand what it takes to make that happen.

“But here on the back end, we know that road access to eClinicalWorks has been critical to allowing this,” Tobon said. “We’re able to check labs, flag those critical labs, and communicate with our physicians as they’re out in the field. We have real-time referrals coming in. It’s no longer having to wait for a paper to be signed and exchanged, it’s an immediate request to our call center, which comes in through eCW. The team can then act on that and then send out those forms to whatever vendor is needed. Our service really has grown on the backbone of the Electronic Health Records system.”

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## Looking Ahead by Looking Back

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With the nation’s population aging, and more and more of the elderly having multiple chronic conditions that require substantial



Since Dr. Sahgal and EssenMED House Calls began to work with Amelia Rose, she has been able to dramatically reduce hospitalizations for her daughter, Azurdee Scott.

medical care, Dr. Sahgal has no doubt that the traditional house call will play a growing role in the future of American medicine.

“The patients have been amazingly welcoming to us in their homes,” he said. “They talk to us not only about their medical issues, but about healthcare-related issues that are not medical, such as how are they getting the social support? Who is taking care of them while the home attendant is not there or the family member is not there?”

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and awareness of healthcare as a holistic endeavor. As a result of their experiences over the last 11 years, EssenMED House Calls has added a care management division, involving registered nurses, social workers, dietitians, and other specialists in a team-based approach to meeting the healthcare needs of homebound patients.

While not every story is as moving as that of Amelia Rose and her daughter Azurdee, Dr. Sahgal has no doubt that if EssenMED House Calls were not in place, many New York City residents who are now able to remain in their homes would still be shuffling between home and the hospital, and eventually end up in a nursing home. That would mean higher overall medical costs for everyone, and less convenience and a lower quality of life for patients and families.

“We found that the eClinicalWorks EHR has been instrumental in sharing information, and removing that ‘communication friction’ that always exists,” Dr. Sahgal said. “Now, not only do we do routine care at home, but we also do interim care when they have an acute illness like pneumonia, or a urinary tract infection, or if they fall. We’re even able to do some of the testing that has traditionally been done in the hospital, such as x-rays, sonograms, and lab testing. And the patients and families have been very, very happy.” ■



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