

Meet Your Doctor

By Aaron S. Curtis

Dr. Luis Postigo

Old-fashioned house calls is the norm for bi-lingual Webster geriatrician

Q: What sort of patients do you visit in your house call service?

A: I see complicated and healthy patients. My only requirement is that the patient needs to be 65 years or older. My specialty is in geriatrics, so that is what I like to do. Anybody younger than 65 goes by a case-per-case basis. It is mostly people that are homebound in that case. I take all insurances, including Medicaid. I also see those older than 65 without insurance.

Q: What motivated you to create a medical house call service for seniors and the homebound?

A: The majority of people in the United States want to finish their days at home, not at a hospital or in a nursing home. I had the idea that if we could provide help to these seniors, then they had that option to stay at home. This type of service was not readily available in Rochester. Before developing this service, I used to have people come and see me in my office. Then I realized more and more that some seniors were frail and maybe should not be out. Also, I wanted to see them at their home because you can get information that you might not see in the office. When they come to the office they are dressed in their Sunday clothes and they are doing everything to look healthy. When you go to their home, you get to see them within their environment.

Q: Is this sort of service on the rise across the United States?

A: In all the United States this is becoming a trend. It's been popular in other countries. In the U.S. it's gaining ground.

Q: Do you think this upward home care trend is because of an increase of homebound people throughout the nation? If so, why are more people homebound?

A: Yes. People are living longer. This is because of the advances in medicine and the general health of the population. With the life expectancy increasing we are seeing people with chronic diseases who are living longer. As a result, you see these complications that weren't seen before because the disease hadn't progressed that far. An example would be diabetes. In the past, a person would live maybe 40 or 50 years with this disease. Now they live longer and you see the complications that were missed before. For example, the

older diabetic can handle day-to-day activities, but because of the disease they might not be able to see as well. As a result, they can't go out as easily.

Q: What made you want to get involved in geriatrics and hospice care?

A: I like it. Some people like to take care of babies. I like to take care of seniors.

Q: Is it difficult for you to visit and treat people that are very sick and in some cases, as far as hospice care, dying?

A: I find it emotionally rewarding to be able to take care of people and fulfill their wishes to die at home. Some of these houses they have lived in for a long time or built with their own hands. It gives me satisfaction to come go to them more than anything else.

Q: Are there any limitations in treating your patients as a result of working in homes and not in an office?

A: A lot of the same things can be done at home that can be done in the office.

Q: What sort of procedures do you perform in patient's homes?

A: I bring my EKG machine to check the heart, I can do minor surgeries, give flu shots: a lot of what is done right at the office. I don't draw blood myself or do X-rays. However, I work with some home health agencies in the Rochester area which will come to people's homes and do these things.

Q: How many patients do you see on an average day?

A: I do about seven home visits. This is something that is growing. I travel quite a bit. I go to all of Monroe County and parts of Wayne County.

cover each day must take a lot of gas. Do you receive some sort of financial support aside from the service itself?

A: First, I have a little car that has good gas mileage. I am doing this on my own. I don't have any affiliations or any grants or institutions backing me up. I'm doing this as my project. I'm making this self-sustaining. I'm not a millionaire that does this as a hobby. I'm making a living of this and doing something that is needed in the process. It's not an orthodox way to take care of your family, but it's working fine.

Q: Are you the only doctor that is operating at Senior Medical Care? If so, do you hope to expand?

A: It's just me. The goal is to get more doctors interested and take it from there.

Q: What is the most challenging part of the job?

A: Letting people know that this service is available. A lot of people don't know that this service is just one phone call away.

Q: I understand that you were born in Peru. How did you end up practicing here in the Rochester area?

A: I did part of my training in the Midwest and the south in Texas for almost 10 years. My family always came to this area to vacation and we really liked it here. We just decided to move here now rather than wait until retirement.

Q: You spend hours a day driving around. What do you do to keep your mind occupied in between stops?

A: Listening to the news. The radio is something I really appreciate now.

Dr. Luis Postigo is board certified in internal medicine, geriatrics, hospice and palliative care. He is also a certified medical director. Born in Peru, Postigo received his medical training in St. Louis, Mo. and Galveston, Texas. In 2008, Postigo created Senior Medical Care. The medical practice, located in Webster, provides house calls to seniors. The service, which does not cost any more than it would to visit a doctor in an office, includes visits to patients in Monroe County and parts of Wayne County. To learn more about Senior Medical Care contact call 872-2710 or visit the Web site www.housecallMDforseniors.com.

