

The Space Between Care

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Las Cruces Bulletin

On most mornings, it starts small. A missed pill. A skipped meal. A moment of hesitation before standing up, just to make sure balance holds.

In another room, someone notices. A spouse. A son. A daughter.

They don't say much, not at first. They adjust quietly, offering reminders, watching more closely, carrying a growing awareness that something has shifted. Over time, that awareness becomes a kind of constant presence, one that follows them through the day and lingers into the night.

This is what care often looks like at home. Subtle. Constant. Unspoken.

And, over time, exhausting.

For Anthony Dohrmann, it's also where the health care system begins to lose its hold. Dohrmann is the founder and CEO of Electronic Caregiver.

"The system," he said, "wasn't built to follow people home. That's where everything starts to fall apart. That's where people are on their own."

Long before health care entered the picture, Dohrmann built his career around protection.

He started young, working in monitored security — intrusion detection, fire systems, and emergency response — for homes, businesses and industrial environments. Over time, he developed not just technical expertise, but a feel for how people actually live with technology: what they trust, what they ignore, what they forget.

It was work that exposed him to moments most people never see. Emergencies. Aftermath. The quiet reality of what happens when something goes wrong.

And it led to a realization. Most systems respond after the fact.

"I didn't like that," Dohrmann said. "You're reacting to something that already happened. I was always more interested in what could prevent it."

The instinct to anticipate rather than react would eventually shape everything that followed.

The initial move to Las Cruces came out of necessity, not vision.

In the early 2000s, as his previous company grew, Dohrmann needed a place where he could scale without the financial pressure of California. Southern New Mexico offered something different: a lower cost structure, access to talent through New Mexico State University, and room to build something without burning through capital.

At first, it felt temporary.

“I thought maybe three years,” he said.

That was in 2005.

Three years later, the economy forced a reset. The financial downturn wiped out key retail partners almost overnight. Circuit City. CompUSA. Growth channels disappeared, and with them, the structure his business relied on.

At the same time, an idea he had long set aside kept returning. Health care.

For years, people had told him the same thing — that his understanding of the home, of systems, of human behavior, could translate into something meaningful in that space. He had ignored it.

Now, he started paying attention. The pivot that followed was fueled by an education.

For two years, Dohrmann immersed himself in the health system, sitting through conferences, talking with physicians, listening to caregivers, asking questions that often had nothing to do with technology and everything to do with daily life.

“I didn’t know what anybody was talking about at first,” he said. “But I knew enough to ask where things were breaking down.”

The answers kept circling back to the same place. Patients didn’t follow care plans. Not because they didn’t want to, but because those plans didn’t translate easily into real life. Caregivers were overwhelmed, often managing complex needs with little support. Providers had almost no visibility into what happened between visits.

And beneath all of it was something harder to define. Isolation.

“It is a journey people go through, even when they’re not alone,” Dohrmann said. “They stop saying things. They don’t want to worry their family. They don’t want to feel judged. They don’t want to admit they’re slipping.

“And the caregiver — spouse, son, daughter — they’re carrying it too. They’re watching everything. Trying to hold it together. And they burn out.”

Instead of rushing to build something, he spent time understanding that experience close to home.

At NMSU, researchers had spent years studying fall risk, movement, and the biomechanics of aging. Inside specialized labs, they could measure subtle changes in gait, balance, and motion patterns that signaled increased risk.

Dohrmann saw something in that work that extended beyond research.

He partnered with those teams and helped take that capability on the road, building a mobile version of the lab that could travel through communities, screening people and gathering data.

But the real value wasn’t just in the data. It was in access. Patients, caregivers and providers, all in one place, willing to talk.

“I needed to know what to build,” he said. “And the only way to do that was to get everyone in the same room and listen.”

What emerged from those conversations wasn’t a product idea. It was a gap.

By the mid-2010s, that gap began to take shape as something more defined.

It wouldn’t be another device. It wouldn’t be something patients had to remember to use. It would be present.

That idea became Addison — a virtual health assistant designed to exist in the home as part of daily life. Not just a voice or a screen, but an interface that could guide, prompt, remind and respond.

“She has to reach out to you,” Dohrmann said. “She has to know when it’s time, when to take a medication, when to check something, when something’s off, and step in.”

The design went further than function. It was built to feel familiar, even

comforting. A visual presence that could interact, guide exercises, walk through routines, and adjust to the rhythms of a person's day.

For patients, it offered structure. For caregivers, it offered something just as important — relief.

Because the challenge wasn't only medical. It was practical.

Traditional in-home care, when it's needed at scale, can be expensive, often structured in blocks of hours that quickly add up to something many families can't sustain.

“What we kept hearing,” Dohrmann said, “was that people don't need four hours of care a day. They just need support. They want to stay in their home and have a little help.”

He framed it more simply:

“They don't want a mortgage payment. They want a car payment.”

That insight shaped how Electronic Caregiver approached the problem, not as a replacement for human care, but as a way to extend it, to fill the space between independence and full-time assistance.

Turning that vision into something real proved far more difficult than defining it.

Early versions of the system were expensive and unstable, built on emerging technologies that didn't yet work together seamlessly. At one point, the platform relied on layers of cloud services and high-end hardware that couldn't realistically scale into homes.

So, the company rebuilt it. More than once.

“We had to get to something that just works,” Dohrmann said. “Something you can put in a home and not think about.”

That meant reducing cost, simplifying infrastructure and focusing on reliability over novelty. It also meant holding back growth until the system could support it.

“We shut it down multiple times,” he said. “Because I could see where it would break.”

When COVID-19 arrived, the need for something like Addison accelerated

overnight. Hospitals were overwhelmed. Patients needed to be monitored outside traditional settings. Systems were forced to extend care into homes, temporary facilities, wherever space could be found.

Electronic Caregiver stepped into that moment, deploying remote monitoring and telecare solutions that allowed providers to maintain oversight while freeing up hospital capacity.

“In 120 days, we opened up 70 percent of their capacity,” Dohrmann said. “It just flipped.”

It was a proving ground for an idea that had been years in the making.

Today, the company operates at a scale that continues to grow. Thousands of patients are on the platform. Clinics across multiple states are adopting the model. New contracts are expanding its reach, including large multi-clinic deployments that will bring the system into hundreds of practices.

Much of that growth is still tied, in one way or another, to southern New Mexico. The company remains headquartered in Las Cruces. Its workforce draws heavily from NMSU. Its expansion plans include continued investment in the region, from operations to infrastructure.

“New Mexico has never had a nationally or globally recognized, homegrown company, no Fortune 500 headquarters, nothing like that,” Dohrmann said. “That’s what we’re building. We believe we can give the state its first Fortune 500 company in the next 60 months.”

It’s not just where the company started. It’s where it’s choosing to grow.

At its core, Electronic Caregiver sits at the intersection of several trends that are reshaping health care. An aging population. Rising chronic disease. A shortage of doctors and nurses that continues to widen.

“There is no way to solve this with labor alone,” Dohrmann said. “There just isn’t.”

What the company is building is meant to address that gap — not by replacing care, but by extending it. Creating continuity where the system currently has none.

Something that exists between visits. Between check-ins. Between moments when someone might otherwise be on their own.

Because in the end, the story doesn't begin with technology. It begins in a home with a small moment, a missed pill, a quiet concern, and a question that doesn't always get asked out loud.

Is this still manageable?

Electronic Caregiver's answer is still taking shape. It starts with the belief that care — real care — doesn't end when someone leaves the hospital.

And that no one should have to carry it alone.

Faces & Places 2026 is the inaugural edition of our new lifestyle magazine. Combined with the fall edition, titled Life is Good in Las Cruces, it is filled with feature content about the people, places, and events that make southern New Mexico special.