



CATHOLIC COURIER

Diocese of Rochester Thursday, July 26, 1990 50¢ 24 pages

Hospitals establish centers to branch out in communities

By Rob Cullivan
Staff writer

If you ask a Catholic hospital administrator in any town where his institution's future lies, he or she may reply that it's just beyond the horizon.

The administrator wouldn't be waxing poetic in giving such a response, for what might lie beyond the horizon are hospital-owned health centers in other parts of town. These centers are often run by one or two physicians, or a nurse-practitioner, who are employed by the hospital, which handles the offices' finances and paperwork, and provides their medical supplies.

Such offices go by a variety of names — primary-care centers, satellite clinics or offices, and extension clinics or sites — and are operated in increasing numbers by both secular and religiously affiliated hospitals.

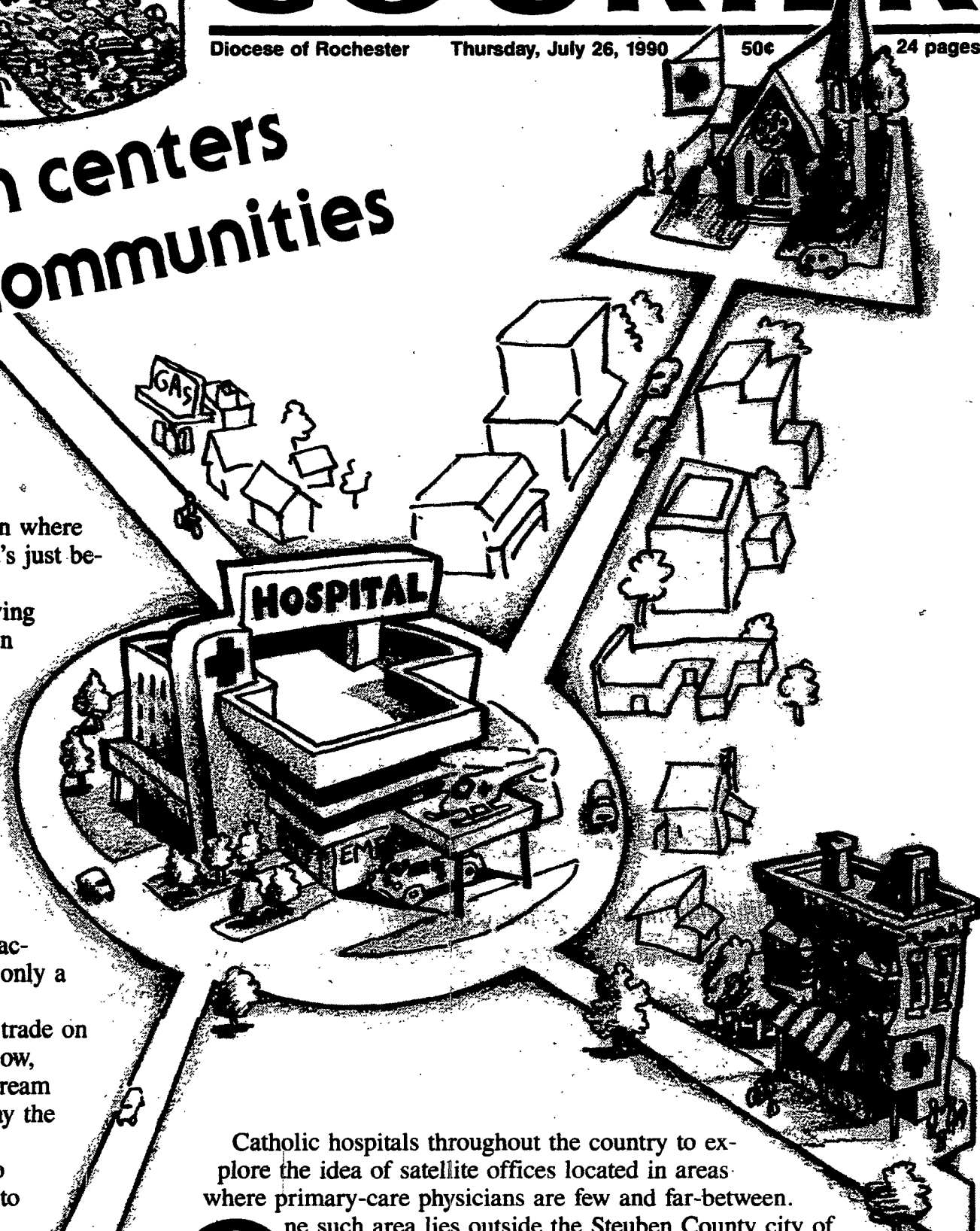
Satellite offices are attracting more and more primary-care physicians, many of them just starting out in their practices, because such offices offer the salaried stability that only a large hospital can provide.

Satellite offices also give doctors a chance to ply their trade on a more relaxed and caring basis than going solo would allow, given that an independent physician must keep a steady stream of patients flowing through his or her doors in order to pay the bills.

And since taking care of the satellites' bills is left up to the hospitals, physicians working in these offices are free to concentrate on keeping up with the latest developments in their fields, furthering their educations, or finding time to enjoy family life.

Whatever the staffing physicians' motives, satellite offices generally represent a Catholic hospital's desire to fulfill its mission to serve the needy and, in some cases, to help fill the hospital's coffers as the costs of serving the needy empty them.

Indeed over the last decade, mission or money — or a combination of the two — have motivated



Catholic hospitals throughout the country to explore the idea of satellite offices located in areas where primary-care physicians are few and far-between.

One such area lies outside the Steuben County city of Hornell, home of St. James Mercy Hospital. During the past 10 years, St. James has established four primary-care centers in the rural areas surrounding Hornell. Many area residents might never see a doctor — except in an emergency room — were it not for the centers, hospital officials said.

St. James established its centers to reach such people, remarked Patricia Smith-Overman, a nurse-practitioner and coordinator of the hospital's ambulatory health centers.

"(St. James) had concerns about some of the people who weren't going for health care because of the distance (from the hospital)," she said, noting that the satellite offices lie 15 to 25 miles outside Hornell. "(At the centers) I've done annual exams on women who haven't had an annual exam in 15 years."

The centers chalk up 6,000-7,000 patient visits a year, but provide little additional income for St. James. William Connors, vice president of the hospital, estimated that the total number of patient referrals the hospital garners from the centers amounts to less than 1 percent of the hospital's total referrals.

"It's mission more than marketing," he said of the hospital's incentive for running the centers.

On the other hand, St. Joseph's Hospital in Elmira is planning to open three primary-care clinics by year's end with the main objective of expanding the hospital's patient base, said John J. Renz, vice president for planning and development. He noted that St. Joseph's Hospital has operated in the red for the last several years and only this year turned a profit.

Renz explained that the hospital expects the physicians staffing these clinics to produce revenue for their employer. "(T)he physician controls to a great deal where the patient goes for hospital care, and by placing physicians in geographic areas which have enough population ... the physician can encourage the use of our own facility."

He noted that the typical primary-care physician sees 20 to 30 patients in a day. That number multiplied by the three doctors the hospital plans to hire for its three offices should yield an increased patient base for St. Joseph's.

The Elmira facility is banking on what Rochester St. Mary's Hospital has already experienced. Almost one-fifth of St. Mary's admissions are patients who use

Continued on page 2

