

State grants to help St. Mary's care for poor

By Rob Cullivan
Staff writer

ROCHESTER — The New York State Department of Health has awarded three yearly grants totaling \$1.47 million to St. Mary's Hospital, 89 Genesee St.

The grants are for a pilot program designed to enhance primary care for poor inner-city residents. They will be administered in one-year allotments of \$492,000.

Patrick Madden, St. Mary's president, announced the grant awards at a press conference Thursday morning, June 20. Outlining the goals and implementation of the grants were Madden; Stewart C. Putnam, vice president of ambulatory & physician services; and Dr. Brendan Reilly, chairman of the department of medicine.

Madden said that St. Mary's obtained the grants because it had already established six family-health centers in the inner city over the last three years. Putnam estimated that the centers will have served 68,000 patients by the end of 1991.

Because of the hospital's experience in serving the poor, the state is looking to St. Mary's and similar hospitals as role models for delivering low-cost health care to poor people, Madden said. He added that the state health department is concerned about the overuse of hospital emergency rooms by patients who have no private physicians.

While he was unable to provide specific figures, Madden estimated that 25 percent of all patients admitted to emergency rooms in New York state do not actually need emergency care. Such unnecessary emergency-room visits cost hospitals and the state "literally millions and millions" in Medicaid payments, and in bad debts that must be paid by hospitals, he said.

"Providing primary care in emergency rooms is not cost-effective," Madden said, adding that 35-45 percent of patients admitted to emergency rooms in the state have



Babette G. Augustin/Staff photographer
Elise Singer (right), an emergency-room nurse at St. Mary's Hospital, offers medical instructions to Walter Johnson, who received treatment at the hospital June 20.

no primary-care physicians.

He said the hospital will establish a computer network to coordinate patient services, education efforts and screening programs of the six health-care centers, the emergency and outpatient departments, and two other inner-city health centers operated by Westside Health Services, an independent corporation that works with

St. Mary's on a cooperative basis.

Putnam noted the three basic goals of the state grants and elaborated on St. Mary's plans to achieve these goals:

- Improving access to primary care for low-income patients who live in the inner city.

Putnam said St. Mary's plans to "put specific mechanisms in place to put (the

poor) in touch with primary-care physicians." For example, he said, if a patient without a primary care physician is admitted to the emergency room, the hospital will be able to link that patient with a doctor who is associated with the hospital.

Using the computer network, which will track the appointment schedules of all the family health centers, an emergency-room employee could — at any time of day or night — electronically arrange an appointment for the patient at any of the centers, Putnam remarked.

- Enhancing St. Mary's disease-prevention and screening efforts.

Putnam said the hospital plans to expand its community health-education programming, which — among other features — provides patients with care information, addresses social and economic barriers to care, and involves community-wide screening.

The hospital will also step up efforts to immunize both adults and children.

- Addressing the "special needs" of inner-city patients, particularly in the areas of substance abuse and diabetes.

Grant monies will be used to hire a full-time substance-abuse counselor to work with pregnant women to reduce the number of drug-affected babies.

Putnam and Reilly noted that a number of the hospital's primary-care physicians have cited "cocaine babies" as a growing problem in their practices.

The hospital also will hire a full-time diabetes nurse/educator to run regular diabetes clinics at the family-health centers and to provide personal diabetes education to patients.

Reilly noted that a lack of primary care often leads to late diagnosis of diabetes among low-income diabetes, and that such late diagnosis can produce medical complications later in these patients' lives.

Diocese to form new cluster in Phelps, Clifton Springs

By Lee Strong
Staff writer

Dwindling numbers of diocesan priests — and health problems of a pastor — have led the diocese to combine St. Felix Parish, Clifton Springs, and St. Francis Parish, Phelps, into a beginning cluster.

Effective June 25, 1991, Father John Roach, pastor of St. Felix since 1966, retired from administrative duties because of heart problems. Also on that date, Father Anthony Calimeri, pastor of St. Francis, assumed the duties of St. Felix's administrator, while remaining pastor at St. Francis.

But with Father Calimeri considering retirement next year, a new pastor may be appointed next June for both parishes, at which point a formal cluster would be formed.

The parishes will spend the next year working out the exact nature of their relationship. For the time being, the parishes will keep their finances separate, and will maintain two parish councils. The two councils will meet together regularly, however, noted St. Francis' parish council president, Ralph Barbalace.

The parishes will begin publishing a single Sunday bulletin, and will jointly offer a religious-education program for children. The two parishes' program for teens merged into a single program during the 1990-91 school year.

Father Calimeri will continue to live in the St. Francis rectory. Sister Lucy Walawender, RSM, formerly the pastoral visitor at St. Francis, will become the pastoral assistant for both parishes and will live in the St. Felix rectory.

Sister Francis Nally, OLC, parish visitor at St. Felix, left her position June 26, and will not be part of the parishes' new staffing plans.

Meanwhile, Father William Cosgrove, pastor of St. Dominic's in Shortsville — which had initially been considered for clustering with the other two parishes — assumed additional duties as chaplain of the Clifton Springs Hospital and Clinic.

The decision to merge St. Felix and St. Francis was made after Father Roach informed diocesan officials that his doctors had advised him last fall to consider retiring because of his heart problems.

In mid-February, Father John Mulligan, diocesan vicar general and moderator of the pastoral office, and Father Robert Schrader, diocesan director of priest personnel, met with the parish councils and parish reflection team members from St. Francis, St. Felix and St. Dominic to discuss options for the three parishes.

The parishes had met together between 1988 and 1990 during the Commitment to Ministry process through which parishes of the diocese assessed their future parish staffing needs in light of declining numbers of priests. Parish reflection teams developed reports in which they detailed staffing options for their individual parishes, identifying nearby parishes with which they could unite or share staff.

The proposals that came out of the February meeting were among those developed during that process, Barbalace reported.

"We had already done our work with St. Felix preparing for the day to come (when the parishes would have to cluster)," Barbalace said. "We just didn't realize it would come so soon."

One of the options involved clustering all three parishes, but the diocese opted at this time to go with a cluster encompassing just St. Felix and St. Francis parishes.

Even though they knew it could happen eventually, Father Roach said the people of

St. Felix were upset when the decision was announced.

"The people here sort of hypnotized themselves into the fact that it couldn't happen," he explained.

Father Schrader pointed out that St. Felix is the smallest parish staffed by diocesan priests — other than parishes serving specific ethnic and racial groups. He added that St. Felix and St. Francis had been part of merger discussions going as far back as 1976.

The next year will allow the parishes to work out problems before the point at which a formal cluster would be formed if Father Calimeri decides to retire in June, 1992, Father Schrader said.

Barbalace noted that although people in the parishes were not totally happy with the decision, they had been prepared for it by the Commitment to Ministry process.

"I don't think it's all bad," Barbalace added, predicting, "We'll probably benefit in many ways."

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