



Primary Care Supercenter Serves Buffalo

By JOANN CAVANAUGH

When the Sisters of Mercy first arrived in Buffalo, N.Y. in 1858, they settled at St. Brigid's Parish in Buffalo's historic "Old First Ward," a working-class community of Irish immigrants looking for a better life in America. It was there that the sisters began tending to the needs of the sick, serving the poor and educating children throughout the area.

Today, more than 150 years later, St. Brigid's Parish is gone and the Old First Ward has transitioned from its Irish roots to a diverse inner-city community, but the legacy of the sisters and their service to the poor and sick lives on in Catholic Health's new Mercy Comprehensive Care Center. The center, which was formally dedicated in April, 2011, sits exactly on the site of St. Brigid's Parish where the sisters first began their work in Buffalo.

Catholic Health is a Western New York-based health system formed in 1998 by the Diocese of Buffalo, Ascension Health, Catholic Health East and the Franciscan Sisters of St. Joseph. The "M-triple-C," as Mercy Comprehensive Care Center is called, is Catholic Health's first primary care "supercenter," offering a variety of primary care services and comprehensive ancillary services all under one roof. The gleaming 22,000-square-foot facility with a brightly lit cupola stands as a beacon of hope in this economically challenged community, and it rivals any private physician's office found in Buffalo's more affluent suburbs.

"As a Catholic Health provider, our primary purpose is to serve the poor and disadvantaged in the spirit of our religious founders," said Joseph McDonald, Catholic Health's president and CEO.

The MCCC has gone through several transformations over the years. Opened in the mid-80s as a neighborhood clinic providing adult and pediatric care, the original Mercy Health Center was located in an aging building a half-mile from the new center. It served the community for more than two decades before the building's deteriorating condition and physical limitations necessitated a move.

In 2006, the Mercy Health Center moved down the street to St. Brigid's Square, a small plaza. The new center was a welcome addition to the neighborhood and a homecoming of sorts for the Sisters of Mercy, who celebrated their own Irish heritage as they dedicated the 6,000-square-foot health center. The sisters trace their roots to Catherine McAuley, who in 1827 founded the religious order in Dublin, Ireland.

One of the center's most important features is being able to offer patients more complete care all in one place.



"This is sacred ground for the Sisters of Mercy and an important part of our history," said Sr. Nancy Hoff, president of the Sisters of Mercy of the Americas New York, Pennsylvania and Pacific West Community. "Our sisters began here with nothing and built a ministry that extends far beyond Western New York, but our hearts will always be in the Old First Ward."

The Mercy Health Center thrived in St. Brigid's Square, but within a few years it was outgrowing its new home as Catholic Health tried to figure out a way to expand care in a community in desperate need. The answer seemed to lie in consolidating three smaller primary care centers into one "super-center," a facility that would serve every member of the family and provide a comprehensive array of support services. The plan involved building a new addition behind the existing Mercy Health Center to house separate adult, pediatric and OB-GYN clinics and then renovating the vacated space for on-site X-ray and laboratory services.

"We knew this model would be good for the community and remove many of the barriers that prevent our patients from getting the care they need, including transportation, access to diagnostic services and continuity of care," said Michael Reilly, vice president of primary care services for Catholic Health. "The first hurdle was figuring out a way to finance our vision."

Catholic Health worked collaboratively with a local group of providers and applied for and received a \$1.5 million grant from New York State to get the project off the ground. Catholic Health's Mercy Hospital of Buffalo, which operated the Mercy Health Center under its hospital license and was also founded by the Sisters of Mercy, put in the remaining \$1.3 million to begin construction in 2010 of the new MCCC. Because the new addition was essentially a self-contained building attached to the old center by a connecting corridor, the staff was able to continue seeing patients throughout the construction with little disruption.

Once construction was complete, Mercy Hos-

pital moved an adult and pediatric clinic from a medical office building near the hospital to the new center, about two miles away. "Like anything new, there was some hesitation at first," said Mary Gordon, MCCC clinical coordinator. "But once everyone got a look at the new facility, and we got through our initial growing pains, our patients

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and staff couldn't be happier." Catholic Health added an OB-GYN clinic to complete the center's primary care services.

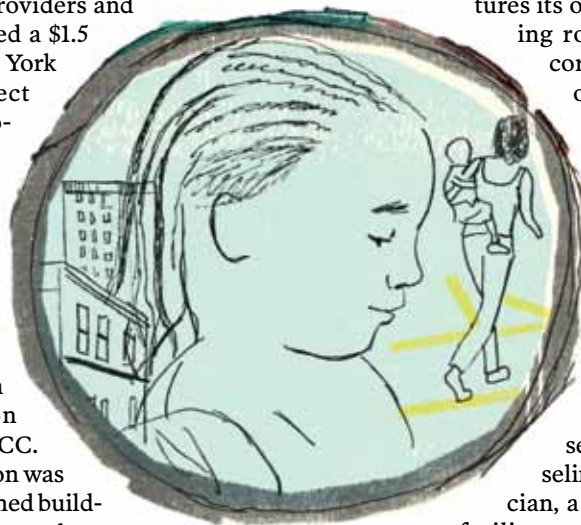
Besides its location, which is on a main bus route and within walking distance of a large municipal housing complex, one of the center's most important features is being able to offer patients more complete care all in one place.

"Before, when our patients needed an X-ray or blood work, they had to go to another facility, which could mean another appointment and another bus ride," explained Gordon. "Now we can simply walk them down the hall for an X-ray, ultrasound or lab work while they're here for a check-up or sick visit. It really helps improve compliance with follow-up care."

More than triple the size of the old Mercy Health Center, the MCCC has 36 exam rooms among its three clinics. Each clinic fea-

tures its own entrance and waiting room along a spacious corridor flanked by a row of large windows to let in plenty of natural light. The clinics also offer separate waiting and treatment areas for sick and well patients.

In addition to primary care, laboratory and X-ray services, the MCCC also offers podiatry services, nutrition counseling by a registered dietitian, a Medicaid advocate to facilitate enrollment and a full-time social worker, who has been a valuable addition to the staff. "Our patients have many socioeconomic needs that impact their health and well-being," said Gordon. "Having a social worker





on-site adds a new dimension to the care we are able to provide and frees up our clinical staff to focus on our patients' medical needs."

The center treats about 2,200 patients a month. Most of its referrals come from the local community, neighborhood social service agencies and Mercy Hospital's emergency center, which sees a number of patients who lack a primary care provider. Roughly 50 percent of the center's patients are on Medicaid, 20 percent are on Medicare and 30 percent have private insurance.

The center's operating budget is part of Mercy Hospital, which underwrites any shortfalls in the cost of care through its social accountability and charity care programs. Patients without insurance who cannot afford to pay for care are eligible to participate in Catholic Health's Healthcare Assistance Program, which offers free or reduced-cost care based on the person's ability to pay.

Patient migration and physician recruitment are other difficulties seen throughout Buffalo, which like many Rust Belt cities faces ongoing economic challenges. As families continue to move out of the city, the MCCC's medical director, Philip Rados, MD, appreciates the commitment Catholic Health has made to continue the mission of the Sisters of Mercy.

"This investment is a testament to the early work of the sisters and tells our patients that we are here to stay," said Rados, who grew up not far from the center. "It also helps us attract physicians

to train and work here and contribute to the quality of life in this at-risk community."

The MCCC is one of 10 primary care centers sponsored by Catholic Health. These centers continue to fill a growing need for primary care services in the communities where they are located and support the mission of Catholic Health. Based on the initial success of the MCCC, which sees about 170 new patients a month, Catholic Health will continue to explore opportunities to develop more primary care supercenters within the framework of its existing centers.

Reilly continues to look for opportunities to enhance services. With electronic medical records on the horizon, he hopes to store the center's paper records off-site to free up space for a possible rehab center or dispensing pharmacy. A

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pharmacy consulting service will soon be added to the list of support services. "There are still a few pieces of the puzzle we would like to add to offer our patients even more comprehensive care," he said.

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