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Free at last

South Park physician one of many breaking loose from healthcare-industry shackles

By [David Rolland](#)



Dr. Tara Zandvliet checks Patsy Balfe's balance. - Photo by David Rolland

Patsy Balfe rushes a cigarette before she enters the doctor's office. Through the open door, she sheepishly tells her doctor she knows she shouldn't be smoking. A moment later, she comes in, bundled in denim and full of nervous energy, accompanied by a friend, who serves as Balfe's ride and backup repository of medical information—Balfe, who's 44, sometimes forgets some of what she's told, her friend tells the doctor.

"The neuropathy is bad," Balfe says to Dr. Tara Zandvliet. "I'm dropping stuff right and left. I'm down to about two glasses," she jokes. Balfe lightheartedly refers to herself these days in terms of being a 4-year old; it was 4 years ago that she nearly died in an intensive care unit from serious intestinal problems.

Well, says Zandvliet with a big, friendly laugh, "we'll have to get you a sippy cup."

A biting Tuesday morning chill fills the sparsely furnished, one-room South Park cottage that serves as Zandvliet's office, but the doctor warms the place with her cheerful manner. Throughout an appointment that lasts more than 45 minutes, Zandvliet intersperses humor with straightforward advice. Balfe has a long list of diagnoses, and the doctor takes time to explain possible conditions like multiple sclerosis and fibromyalgia and precisely why an MRI Balfe will undergo will be so loud with churning and clunking noises.

It's this extended time that Zandvliet spends with patients like Balfe that's the No. 1 reason the doctor went independent last October under the generic moniker South Park Doctor (southparkdoctor.com). Her business is fully contained in a laptop on a roll-top desk; she has no employees.

Under the conventional healthcare system dominated by insurance companies and grouped medical providers, Zandvliet says, "I'm seeing a patient with five or six medical conditions or a really sick kid, and yet I've got the timer going and I've got seven minutes."

It's a system that encourages doctors to cram as many patients into a workday as possible, and the concern Zandvliet began to feel about the potential for grievous errors got to be too much. "When you practice healthcare with a timer, you will make a fatal mistake," she says. So, "some of us are getting outside the system altogether."

Before making her move, Zandvliet spoke at length with Dr. James Ochi, a pediatric specialist with a practice in Encinitas who's become a piper of sorts for local doctors interested in breaking free. Ochi says Zandvliet is part of a "steady stream" of physicians he's counseled. These local mavericks are part of a national "micro-practice" trend toward independence that's been building steam in the past five to 10 years.

One of Ochi's primary complaints about group practice is that it emphasizes competition for profits among physicians, and "that works directly against the interests of the patient." People "want someone who is not exhausted, who doesn't look at you as just a production number to generate. They want care, and they want time and attention." In Ochi's experience, a child has five to 10 minutes of waiting-room time before he or she runs out of patience. "Beyond that, you've lost them," he says. "The child's ballistic, the mother wants to kill you, and no matter what great insight you have, she can't see it because her kid is going crazy."

As independents, Ochi and Zandvliet feel a stronger connection to their patients. They spend more time with them, so they learn more about them and, therefore, are better equipped to help them, they say.

They're also relieved of the constraints insurance companies put on treatment options. "There's a lot more freedom in what I can do for a patient," Zandvliet says.

Ochi will bill some health plans, but he'll tell prospective patients up front that he won't deal with certain plans that have demonstrated what he believes is a pattern of bad behavior. Zandvliet, on the other hand, is cash-only, but her patients sometimes submit reimbursement claims on their own.

Zandvliet's method is a little more expensive for patients in the short term, but she believes that, overall, healthcare costs would decrease in the long run because the micro-practice system emphasizes preventative care and creates a stronger bond between people and the "value" of their medical care.

Still, there's much work to be done on Americans' state of mind. Sometimes, people will call to inquire about Zandvliet's services but quickly hang up when they learn that she won't deal with their health plan. When she forged out on her own, she hadn't realized how "brainwashed" people are to feel a level of comfort in a broken system.

"We'll drop a hundred dollars on our dog in a heartbeat, [but] if we have to pay a \$20 co-pay, we start getting up in arms," she says. "Apparently, you don't really think about [what doctor] you get; you just want to make sure you don't pay for it."

Zandvliet asks Patsy Balfe to perform a hand-coordination exercise, first with one hand and then the other. It should be a simple task, but Balfe has trouble with one hand. The doctor explains that the neuropathy is messing with the messages going from the brain to the hand. Balfe takes it in cheerful stride, as she's done throughout her complex ordeal, her doctor says.

Balfe is a Medicare patient, but she's paying for the visit out-of-pocket. She's been with Zandvliet for years and is happy to pony up for the care she's getting.

"It's worth it," she says.

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