

HEALTHCARE JUST GOT SICKER.



IN **H**OSPITABLE

DISCUSSION AND
ACTION GUIDE

About The Film

INHOSPITABLE is a documentary feature film that exposes American hospitals' significant role in our broken healthcare system.



Few people are aware that in the past 20 years, health systems have been consolidating and buying up physician practices. Once they have the power and bargaining leverage, they are able to charge higher prices, without the pressures of increasing quality of care.

The Covid19 pandemic has further revealed that the bad behavior of many US hospitals have exacerbated our issues with high costs and lack of access.

Using Pittsburgh as a microcosm for what is happening around the country, **INHOSPITABLE** follows the story of patients and activists as they band together to fight UPMC, a multi-billion dollar nonprofit hospital behemoth in western Pennsylvania. In its quest for market domination, UPMC was making vital care unaffordable for hundreds of thousands of vulnerable patients in western Pennsylvania. These patients were taxpayers who had been subsidizing this supposedly nonprofit institution whose main mission as a charity was to serve the community. Alongside public officials, hospital workers and healthcare advocates, they decided to share their stories in order to take back their hospital and their health.

About This Guide

This guide is intended to inspire and facilitate conversation around INHOSPITABLE during your screening.

In this guide you will find a synopsis of the film, a statement from director Sandra Alvarez, background on US Hospitals, bios on main participants, a visual list of advocates & experts, steps on how to host a screening, discussion questions, and a reading list.

The resources provided in this guide can be used as a framework to support virtual and in-person discussions on the role of hospitals in our broken healthcare system and ways to hold them accountable.

Key Areas and Subject Matter

- Healthcare
- Human Rights
- Nonprofits
- Patient Rights
- Corporate Greed
- Antitrust Enforcement
- Community Engagement
- Patient Advocacy

Director's Statement

Before I started working on this project, I had no idea that hospitals are the number one reason that the US's healthcare costs are so incredibly high. As the mother of a toddler and the daughter of a heart transplantation candidate, I have spent much of the past few years in and out of hospitals. The bills would add up but like so many Americans, I focused the blame on insurance companies for inadequate coverage and high premiums. It's just something I had accepted as part of living in this country.

As I began to film with the hospital patients in Pittsburgh, I realized that these folks were not only Davids fighting one of the largest Goliaths in the country, they were also providing a platform for a relatively unknown but extremely important issue.

So many health systems in this country have become large corporations with incredible power and control over their communities, their employees, and the patients who are trusting them with their lives. To top it off- most of them are nonprofits that don't pay taxes. This was just unconscionable to me. I think that the words of Beth McCracken, one of the patient-activists in the film, really underscore the importance of educating the public at large about this issue: My fight to maintain my healthcare has robbed me of the strength to care for my health....we should not have to choose between bankruptcy and our healthcare. It's unfathomable to me that that's the choice that so many Americans are forced to make.

I was grateful that Beth and many other patients, advocates, local public officials and hospital workers allowed us to tell their incredibly powerful story about what happens when a community binds together to take on a seemingly invincible foe. Their story is a warning to all Americans: Unless we start to hold hospitals accountable, communities will continue to suffer, and vulnerable patients will continue to deal with the devastating choice between going broke trying to take care of their health, or the other unthinkable alternative.

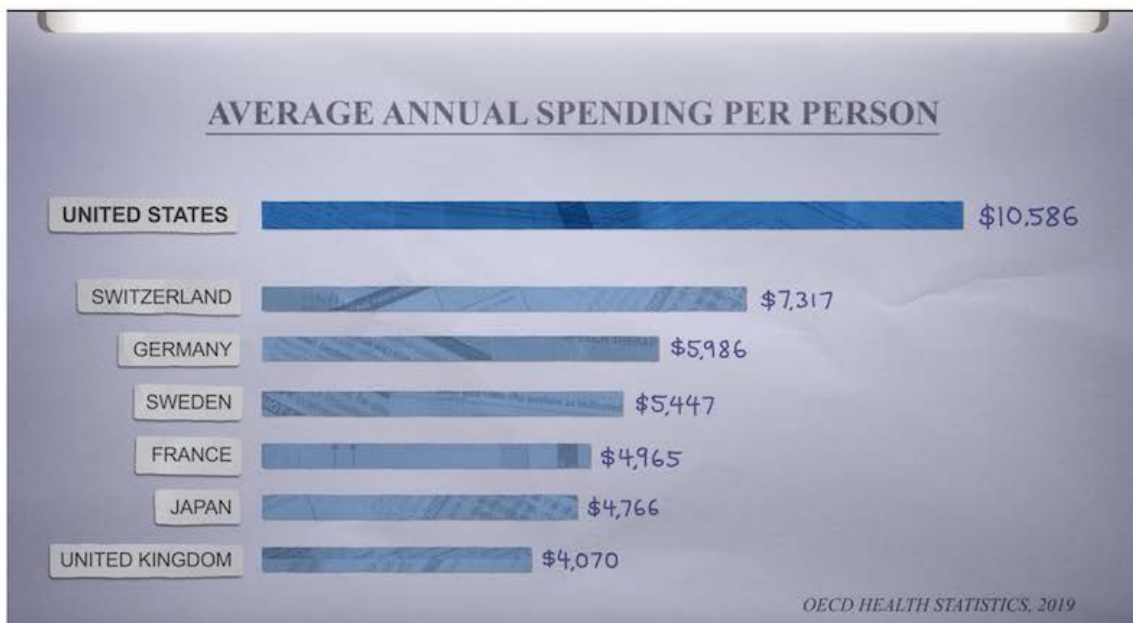


Background

Healthcare in this country is **UNAFFORDABLE**



We spend **50% more on HEALTHCARE** than almost any other country⁽¹⁾



Background (cont.)

Our healthcare spending
KEEPS CLIMBING year after year



FACT: More money is spent on US Hospitals than any other healthcare sector. Hospitals made around 1.2 TRILLION dollars last year.⁽²⁾

But we aren't getting our MONEY'S WORTH

FACT: Our life expectancy and medical outcomes are far worse than many wealthy countries.⁽³⁾



Background (cont.)

Hospitals have become a **BIG BUSINESS** in the US

“Hospitals have merged and consolidated and they’re demanding higher prices for the same thing.”

Farzad Mostashari
CEO & Primary Care Expert,
Alameda

For the past 20 years, hospitals have been allowed to merge and consolidate with very little government interference.

They have become monopolies in many areas of the country, and 90% of the regions in the US are deemed to be “highly consolidated.”⁽⁴⁾



Background (cont.)

THE MAJORITY OF HOSPITALS IN THE US OPERATE AS “NONPROFIT”⁽⁵⁾

- Nonprofit hospitals receive enormous tax breaks in exchange for providing a community benefit.
- Yet studies show that most NONPROFIT hospitals operate in almost the same way as FOR-PROFIT hospitals.⁽⁶⁾



THE COMBINATION OF:

- The **high prices** that hospitals are able to demand...
- The **tax breaks** they get...
- Their **focus on profits** over the health of their communities...

Has led us to a **major healthcare crisis** that we have to deal with- NOW.

UPMC v Highmark- The Backstory

Over the years, the health system UPMC had bought up surrounding hospitals and physician practices and had achieved a near-monopoly on the healthcare provider market in western Pennsylvania. Due to their power and leverage, they continued to raise prices year after year. Highmark, the regional insurance company, were then forced to increase their premiums due to the ever-increasing hospital prices that UPMC demanded. In an effort to lower customer premiums and create competition with UPMC, Highmark decided to open their own hospitals in the region. In response, UPMC decided to ramp up the business of their own insurance company, the UPMC Health Plan.



Most recently, the battle for market power intensified when UPMC announced that they would no longer accept Highmark insurance customers at its hospitals starting on June 30, 2019. UPMC claimed that they were severing ties because Highmark was a historically bad payor. But many healthcare experts and community members believed that UPMC was just trying to put Highmark out of business while simultaneously driving customers to switch to their own UPMC Health Plan. This sounds like a corporate battle between Coke vs. Pepsi, but UPMC and Highmark are both nonprofit companies, which are designated as “purely public charities” under Pennsylvania law. The decision to move forward with the “divorce” would affect hundreds of thousands of Highmark-insured customers who could not afford to switch to the costly UPMC Health Plan (or to other insurance companies). (7) (8) (9)

InHospitable Bio: Beth McCracken



In 2019, after 5 years of consulting with doctor after doctor trying to find the cause of debilitating pain in her face and ear, she was diagnosed with a rare and difficult cancer. Then, in the middle of her treatments, she was told that her insurance provider, Highmark, and UPMC would be “divorcing” and that she would no longer be able to see the doctors that were saving her life. Her only other option with her Highmark insurance was to drive two hours away to Cleveland to receive treatment.

She was told that she could switch insurance companies, but changing her coverage to a UPMC plan would increase her monthly healthcare cost by approximately \$1000.00 with increased premium, deductible and copays.

She called her local and state representatives inquiring as to how it could possibly be that these healthcare giants could put their corporate interests ahead of people’s lives. Receiving no help there, she sought out others in her same situation. With her wife Ginny alongside her every step of the way, Beth was able to find her voice and join the grassroots movement to fight back. Unfortunately, her effort to take on UPMC came at a cost. Beth’s story reminds us that we shouldn’t have to protest and march and travel to the State Capitol to be able to get the healthcare we deserve. In the film, she tells us: “My fight for my healthcare has robbed me of the strength to care for my health.”

InHospitable Bio: Vicki and Maurice Arnett

In October of 2018, Maurice was diagnosed with stage 4 colon cancer and was given 6 months to live. At bedside, UPMC representatives told Maurice and his wife Vicki that they wouldn't be able to accept their Highmark insurance after June of 2019. Vicki, a nurse of 13 years, understood the importance of continuity of care and



they knew they had to find doctors that were covered under their Highmark insurance that could treat Maurice consistently, and quickly. The last thing she wanted was for Maurice to be treated by doctors who knew his case intimately, and then drop him completely after the June 2019 deadline.

She found a team at the Cancer Treatment Centers for America in Atlanta that were in network. For months, Maurice and Vicki traveled back and forth from Pittsburgh to Atlanta for his chemo and other treatments. It was very hard on them, but Vicki knew she could no longer trust UPMC- a hospital that was supposed to be a charity, and help people in the community. They had become big business and had pushed aside their community's most vulnerable people in their attempt to squash their rival.



Vicki decided to speak out on her husband's behalf, and somehow managed to be his advocate, while balancing her own work as a nurse, and her trips back and forth to Atlanta.

InHospitable Bio: Evie Bodick



Over the years, Evie had survived four cancer surgeries. She also had a long list of other complex medical issues, and she felt relieved knowing that she had a team of doctors at her UPMC hospital who knew her case so intimately.

When UPMC announced that it was going to drop her Highmark insurance, she was scared and furious. She thought- how will all of the

elderly folks who can't afford to switch insurance companies get the care that they need? She also worried about having to visit multiple hospitals and doctors who didn't know her medical history. Would they be able to treat all of her conditions properly?

She decided to start writing letters to the editor in local newspapers, the PA Attorney General and several other PA politicians. From there, she was contacted by the patient advocacy group, Pennsylvania Health Access Network (PHAN), who helped her become an activist and tell her story to anyone who would listen.

Advocates in INHOSPITABLE



CHELSEA WAGNER
Allegheny County Controller



SUMMER LEE
PA State Representative



ERIN NINEHOUSER
Patient Advocate, PHAN



NATASHA LINDSTROM
Reporter, Pittsburgh Tribune-Review



LISA FRANK
Hospital Workers Advocate, SEIU Healthcare PA



NILA PAYTON
Administrative Assistant, UPMC



DAN FRANKEL
PA State Representative



ED GAINEY
PA State Representative



SARA INNAMORATO
PA State Representative



TONY BUBA
Braddock Resident and Documentary Filmmaker



JOSH SHAPIRO
PA State Attorney General



REBECCA KELLY SLAUGHTER
FTC Commissioner



CHUCK GRASSLEY
US Senator



XAVIER BECERRA
CA State Attorney General

Experts in INHOSPITABLE



ELISABETH ROSENTHAL, M.D.
Author of "American Sickness" & Editor-in-Chief at Kaiser Health News



MARTIN GAYNOR, PH.D.
Healthcare Economist, Carnegie Mellon University



ZACK COOPER, PH.D.
Healthcare Economist, Yale University



ERIN FUSE BROWN
Director, Center for Law, Health & Society at Georgia State University



FARZAD MOSTASHARI, M.D.
CEO & Primary Care Expert, Aledade



DARRELL GASKIN, PH.D.
Healthcare Economist, Johns Hopkins University



EMILY GEE
Healthcare Economist, Center for American Progress



ROBERT PEARL, M.D.
Author of "Mistreated: Why We Think We're Getting Good Health Care -- and Why We're Usually Wrong"



PAT BASU, M.D.
Former White House Advisor, Co-Founder of Doctors on Demand, and CEO of Cancer Treatment Centers of America



DALE OWEN, M.D.
Cardiologist & CEO, Tryon Medical Partners



MONICA NOETHER & SEAN MAY
Healthcare Economists, Charles River Associates

Hosting a Screening

Before you host your own screening, read through the tips below to ensure that your screening is a success.

- 1) INTRODUCTIONS:** Introduce yourself, your organization, and the film itself. Inform the audience that there will be a discussion immediately following the film. If you have special guests or a panel, go ahead and tell your audience about them now.
- 2) WATCH THE FILM-** Watch the film as a group.
- 3) INITIAL RESPONSES-** If you don't have a panel or guest speaker, begin by addressing the viewers with a broad question such as, "What are your initial responses to the film?" or "Identify a moment in the film that stood out to you and discuss why that moment resonated with you?" (Note: If you have a special guest, introduce them now)
- 4) BUILDING A CONVERSATION-** See the discussion questions below for suggestions on how to get the conversation started with the viewers.
- 5) DIRECT and REDIRECT-** Make sure to keep the conversation relevant to the topics in the film. If there are one or two individuals who are monopolizing the conversation, remind the group that you want to make sure everyone has a chance to speak, and if you feel comfortable, go back to the discussion questions and call on other individuals to answer some of the questions directly.
- 6) WRAP-UP and THANK YOU-** Come to a conclusion or final thoughts. Encourage the audience to stay after and discuss their ideas longer if the room is available.
- 7) SOCIAL MEDIA-** Encourage the audience to follow InHospitable on all of the social media accounts and then do a group social media share about their experience watching the film.

AFTER THE FILM - Discussion Questions

PART 1: The Pittsburgh Story



- Identify a moment in the film that stood out to you and discuss why that moment resonated with you?
- Which participant did you connect with most? Why?
- What are the larger takeaways from the Pittsburgh story?
- Do you think hospitals like UPMC should be able to drop insurance companies and prevent access to people in the community? (Discuss Pros and Cons)
- Should UPMC be held to a higher standard as a nonprofit? Why/why not?
- The patients and advocates were happy that UPMC and Highmark agreed to a 10 year contract so that Beth, Maurice and Evie could have access to their doctors again. However, Beth and Vicki also said that the fight is not over. Can you discuss the reasons why the 10 year contract between UPMC and Highmark is not a satisfying solution?
- What did you learn about what it takes to create a grassroots movement to fight a large institution like UPMC?
- What are the steps that the activists took in this film to get the attention of the media and stakeholders?
- What are the elements of their grassroots movement that can be applied to your community?
- Is there a role that you can specifically play in a grassroots movement in your own community?

AFTER THE FILM - Discussion Questions

PART 2: Hospitals and Healthcare in the US

- What are some of the beliefs you had about healthcare costs in this country before watching the film? How did they change?
- What role do hospitals play in our rising healthcare costs?
- What did you learn about hospitals from this film?
- What did you learn about the political power that hospitals have?
- What obstacles do politicians have in regulating hospitals?
- What is the hospitals' rationale/defense of consolidation?
- Describe your thoughts on the defense that hospitals can be run more efficiently, and quality can increase if they consolidate.
- What is the impact of hospital consolidation on the following groups:
 - Patients
 - Hospital workers
 - Doctors
- What are some of the solutions that the film puts forward to fix this issue? (discuss pros and cons):
 - More focus on state and federal antitrust regulation on hospitals
 - Congress providing more funding to FTC
 - Price caps/price regulation
- Brainstorm ways that individual citizens can help to push for the implementation of these solutions, and promote awareness about this issue.

AFTER THE FILM - Discussion Questions

PART 3: Nonprofit Hospitals

- What did you learn about the way that US nonprofit hospitals operate?
- Discuss your thoughts/ideas on what nonprofit hospitals should be doing with excess revenue.
- What are some of the ways that the non-payment of property taxes by these nonprofit health systems are affecting your community?
- If you were to come up with a community benefits list for your local nonprofit hospital, what would it include?
- Talking point: Using the UPMC Braddock closure as an example, should nonprofit hospitals be allowed to close in low income areas if their hospitals are losing money? (discuss pros and cons?)
- What are some of the solutions that the film puts forward to fix this issue? (discuss pros and cons):
 - Regulations on nonprofit community benefits
 - Taking away the nonprofit status
- Brainstorm ways that individual citizens can help to push for the implementation of these solutions, and promote awareness about this issue.



AFTER THE FILM - Discussion Questions

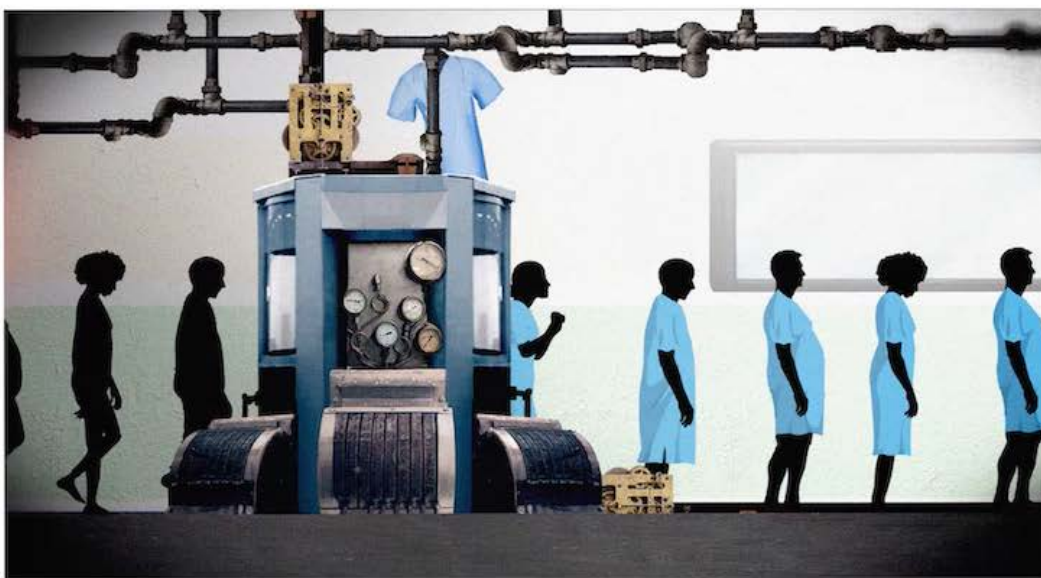
PART 4: COVID19 and Moving Forward

- Should nonprofit hospitals in particular have been expected to be more prepared for this pandemic? (why/why not?)
- How has the pandemic exposed the issues with hospitals? (discuss pros and cons):
 - Nonprofit hospitals are not set up to benefit the community- they did not prepare for a possible pandemic
 - Our hospital system is set up to help those that are better resourced, higher income communities. Community hospitals all around the country have closed, while wealthier hospitals have flourished.
 - Billions of dollars in stimulus funds went to wealthy hospitals, not the needy hospitals.
- What are ways that some hospitals might use the pandemic to continue their bad behavior? (discuss pros and cons):
 - Blame the pandemic on economic loss and use it as an excuse to charge higher prices
 - Build more wings and structures, claiming that its necessary for protecting the community from a future pandemic
 - More merging and consolidating



How is your community being affected by your local health system?

- How do you think your community has specifically been affected by the large nonprofit health system in your area?
- Are your local services and public institutions crumbling while your nonprofit hospital continues to build gleaming buildings?
- Discuss how patients/workers/doctors in your community have specifically been affected by hospital consolidation.
- Is your hospital restricting your access to doctors and services because of the insurance card you carry?
- Are there other egregious practices carried out by your local hospital system?
- Are healthcare costs and hospital prices too high in your area?
 - Visit Health Care Cost Institute's Price Index to find out how your local hospital prices compare with 112 other metro areas around the county.



TAKE ACTION

Share your story:

- Search and connect with your local and/or statewide patient healthcare advocacy groups
- Write letters to the editor and opinion pieces: contact your local newspapers, television news broadcasters, blogs, or organizational newsletters.
- Start a grassroots movement: Connect with other like minded people in your community through social media and community events. Speak to local public officials and hold town hall meetings on these topics.

Demand Action:

- Write to your local, state and federal officials and tell them what's going on in your community" (letter or email)
- Set up an in person meeting. Remember to personalize your message with stories and local information.
- Find your state elected officials and current bills on hospitals at:
<https://openstates.org/>

HIGH HOSPITAL PRICES?

Demand that your representatives and your state attorney general investigate this issue and deal with it before it gets worse.

NONPROFITS NOT GIVING BACK?

Demand that your local representatives and State Attorney General investigate what nonprofits are claiming as a "community benefit." If they aren't doing enough, their status as a nonprofit should be revoked and they should pay taxes like all of the other large corporations in your region.

LACK OF ACCESS?

Demand that your local representatives intervene and provide a third party negotiation so you can access your services.

CITATIONS

- 1- <https://www.oecd.org/health/health-statistics.htm>
- 2- [https://www.ama-assn.org/about/research/trends-health-care-spending#:~:text=Health%20spending%20in%20the%20U.S.,as%202016%20\(4.6%20percent\)](https://www.ama-assn.org/about/research/trends-health-care-spending#:~:text=Health%20spending%20in%20the%20U.S.,as%202016%20(4.6%20percent))
- 3- <https://data.oecd.org/healthstat/life-expectancy-at-birth.htm>
- 4- <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0556>
- 5- <https://www.aha.org/statistics/fast-facts-us-hospitals>
- 6- <https://journals.sagepub.com/doi/full/10.1177/0046958017751970>
- 7- <https://journals.sagepub.com/doi/full/10.1177/0046958020976246>
- 8- <https://triblive.com/local/pittsburgh-allegheny/upmc-rejects-ag-shapiros-attempt-to-halt-breakup-with-rival-highmark/>
- 9- <https://washingtonmonthly.com/magazine/july-august-2020/elite-hospitals-have-an-epidemic-of-greed/>

FOR MORE RESOURCES, VISIT OUR WEBSITE:



 <https://www.facebook.com/inhospitablefilm/>

 <https://www.imdb.com/title/tt13499234/>

 <https://twitter.com/inhospitablefilm>

 <https://www.instagram.com/inhospitablefilm/>