

**“A MUST-SEE!  
‘AN INCONVENIENT TRUTH’ FOR  
THE HEALTHCARE DEBATE.”**

—Anthony Kaufman, The Village Voice



A FILM BY MATTHEW HEINEMAN & SUSAN FROEMKE

# ESCAPE FIRE

THE FIGHT TO RESCUE AMERICAN HEALTHCARE

# SCREENING GUIDE

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## HOW TO USE THIS GUIDE

This discussion guide is for screening facilitators and organizers. It can be used for community screenings, workshops, or training sessions, and can easily be adapted for classroom use. This is a menu of suggested activities; organizers should feel free to pick and choose elements from the guide that fit their specific needs. Each activity is structured to help a variety of audiences use this film as a point of departure — a way to start a substantive dialogue about health and healthcare in their own communities.

Throughout the guide, there are sections geared towards some of the specific groups featured in the film, such as healthcare providers, business leaders, military personnel, and general audiences. Because of the volume of information in this guide, the facilitator should decide which activities are relevant for his or her particular audience, time, frame, and venue prior to the screening.

The “Screening Guidelines” section provides suggested activities for before, during, and after viewing the film. These are opportunities for critical analysis and for making connections to viewers’ own experiences. “Questions for Further Discussion” are for post-screening panel discussions and can be used to jump-start the conversation. And, because the main goal of the film is to provoke change, there is a comprehensive section of personal and social action steps one can take. These prompts allow audiences to further explore the film’s topics and turn knowledge into action.



# ABOUT THE FILM / FILMMAKERS



## THE FILM

ESCAPE FIRE: The Fight to Rescue American Healthcare tackles one of the most pressing issues of our time: how can we save our badly broken healthcare system?

It's not surprising that healthcare is at the top of many Americans' concerns and at the center of an intense political firestorm in our nation's capitol. But the current battle over cost and access does not ultimately address the root of the problem: we have a disease-care system, not a healthcare system.

ESCAPE FIRE is a feature-length documentary that examines the powerful forces maintaining the status quo, a medical industry designed for quick fixes rather than prevention, for profit-driven care rather than patient-driven care. After decades of resistance, a movement is gaining ground to bring innovative high-touch, low-cost methods of prevention and healing into our high-tech, costly system. This film follows dramatic human stories as well as leaders fighting to transform healthcare at the highest levels of medicine, industry, government, and even the U.S. military. ESCAPE FIRE is about finding a way out. It's about saving the health of a nation.

## THE FILMMAKERS

The film is directed and produced by Matthew Heineman and Susan Froemke. With a team at HBO, the filmmakers collaborated for two years on the groundbreaking, Emmy®-nominated HBO series, THE ALZHEIMER'S PROJECT, which aired in May 2009.

Heineman recently completed OUR TIME – a feature documentary about what it's like to be young in today's America, which premiered on the Documentary Channel in 2011 and simultaneously on numerous digital platforms. He has also directed a number of short films and commercials.

Froemke is a four-time Emmy® Award winner with more than thirty documentary films to her credit, from the classic GREY GARDENS (1976) to LALEE'S KIN (2001), an HBO film on poverty that earned her an Academy Award nomination. Froemke was the principal filmmaker at the legendary Maysles Films in New York for over two decades. Well-known as a leader in documentary film, she has made seven films for HBO and thirteen films for PBS. Four films have been theatrically distributed and eleven have had worldwide TV distribution.

# DIRECTORS' STATEMENT

This documentary tackles the American healthcare system, a subject that carries with it decades of debate and misconception. Much of the recent media attention has focused on partisan politics — from the contentious passage of the Affordable Care Act to the ongoing polarized debate about its impact — yet Americans are still unclear about what is broken in the system and how best to move forward.

ESCAPE FIRE seeks to explore possibilities to create a sustainable system for the future and to dispel misinformation in order to create a clear and comprehensive look at healthcare in America.

Our hope is that this film catalyzes a paradigm shift in how our country views health and healing. But that won't happen until we change the conversation. We thank you for your interest in our film and, moreover, these issues. Now the real work begins — changing a system that doesn't want to change.

We extend our sincerest gratitude to all of you. The health of the nation is in your hands. It's time to create some new "escape fires"! - **Matthew Heineman & Susan Froemke**



# WHAT IS AN ESCAPE FIRE?



## **es•cape fire** |is-kāp|fī(-ə)r| noun

1. A swath of grassland or forest intentionally ignited in order to provide shelter from an oncoming blaze.
2. An improvised, effective solution to a crisis that cannot be solved using traditional approaches.

In researching ESCAPE FIRE, directors Matthew Heineman and Susan Froemke discovered an influential speech delivered by Dr. Don Berwick years before he took office as the head of Medicare and Medicaid. The speech was published as a healthcare manifesto called *Escape Fire: Lessons for the Future of Healthcare* (you can watch him deliver the speech at IHI's national forum in 1999 here: <http://bit.ly/b43shT>).

Dr. Berwick draws a parallel between the broken healthcare system and a forest fire that ignited in Mann Gulch, Montana in 1949. Just as the healthcare system lies perilously on the brink of combustion, the forest fire, which seemed harmless at first, was waiting to explode. A team of fifteen smoke jumpers parachuted in to contain the fire, but were soon running for their lives, racing to the top of a steep ridge. Their foreman, Wag Dodge, recognized that they would not make it.

With the fire barely two hundred yards behind him, he did a strange and marvelous thing. He invented a solution. His crew must have thought he had gone crazy as he took some matches out of his pocket, bent down, and set fire to the grass directly in front of him. The fire spread quickly uphill, and he stepped into the middle of the newly burnt area, calling for his crew to join him.

But nobody followed Wag Dodge. They ignored him, clinging to what they had been taught, and they ran away from his solution. The fire raged past Dodge and overtook the crew, killing thirteen men and burning 3,200 acres. Dodge survived, nearly unharmed.

Dodge had invented what is now called an “escape fire,” and soon after it became standard practice for firefighters. As Berwick says in the film, “We’re in Mann Gulch. Healthcare, it’s in really bad trouble. The answer is among us. Can we please stop and think and make sense of the situation and get our way out of it?”

# EVENT HOSTING HOW-TO'S

Hosting a screening of ESCAPE FIRE? Here are a few things to consider:

## LICENSE

In order to host a public screening of ESCAPE FIRE, you need to pay for the screening rights. For more information and to request a screening license, visit [escapefiremovie.com/host-a-screening](http://escapefiremovie.com/host-a-screening).

## FORMAT

This film can be used in a variety of settings, depending on your goals and organization. The film itself is 99 minutes, so please allow at least 30 to 45 minutes for a follow-up discussion. Appoint a moderator and perhaps assemble a panel of local experts/stakeholders to discuss the film and address audience questions. Other formats will allow for a more in-depth discussion of the film:

- a follow-up session to a single screening for participants who wish to work on an action agenda
- a workshop for a longer, more informal and participatory event
- a class or classroom activity over a longer period

## LOCATION

To find the right venue in which to screen the film, ask a local school, faith-based institution, university, or community center for space. Some movie theaters are open to hosting community screening events; to learn how to bring the film to your local theater, please contact [erin@longshotfactory.com](mailto:erin@longshotfactory.com). Make sure the venue is centrally located, equipped with a DVD-player, projector, and sound system, and that it can accommodate people with disabilities. If it's summer, consider outdoor movie spaces. To facilitate conversation after the screening, find a venue that will allow larger audiences to listen to each other's feedback and smaller audiences to break out into small groups or sit in a circle if time and space permits.

## DATE AND TIME

Your venue operator will probably give you some options for dates and times to hold your event. A weeknight is often a good time to host a screening, as it allows professionals to come straight from work and does not conflict with major weekend events. Do not hesitate to ask a partner organization when they've had the most success with attendance.



## PUBLICITY AND OUTREACH

- Partner organizations: Consider partnering with local groups that are interested in the film and the film's messages. This will strengthen your outreach capabilities and create a more powerful community screening.
- Social media: Use every social media outlet available to you. Create a Facebook event and use Twitter, Tumblr, Wordpress, Pinterest, and more to spread the word. Keep the event public so your friends can invite their friends. You can create an EventBrite page if you want to collect the email addresses of all registered attendees. If you are not charging for tickets, this service is free. *(Note: In general, there is a 50% drop-off rate with free events. If you have 100 seats, you can accept 200 reservations.)*
- Partner promotion: After sending out information about the screening to your own email list, ask your partners and a few local organizations to help spread the word through their newsletters, bulletin boards, websites, blogs and social media platforms. Try tapping into wellness nonprofits, university health programs, high school nutrition teachers, local gyms, and community groups.
- Press release: Issue a press release to your local news outlets and community calendars to spread the word to a broader audience.
- Local signage: Hang posters in and around the venue, and give stacks of flyers and postcards to your partner organizations and local businesses. Contact us for the poster art.
- Reminders: Email a reminder about the screening to your RSVP'd guests several days before the event.
- Links to film: Provide the ESCAPE FIRE website ([escapefiremovie.com](http://escapefiremovie.com)), Facebook page ([facebook.com/escapefire](https://facebook.com/escapefire)) and Twitter ([twitter.com/escapefire](https://twitter.com/escapefire)) to create buzz about the film.

## THE EVENT

- Refreshments: Everybody likes free food. If you have the budget, providing light snacks and drinks at your screening will increase your attendance, especially if you are charging admission. If your event is hosted by a nonprofit, local grocery stores are often happy to donate refreshments.
- Test the tech: Arrive early. Give yourself ample time to test the DVD player, projector, and sound equipment to make sure the screening will run smoothly. Please test the entire DVD several days before the event.
- Agenda: Make the most of your allotted time. Introduce the film and explain why you are bringing it to your community. Follow the film with a short discussion, or recruit a speaker to host a Q&A. This guide provides questions, tips, and information for crafting a unique, dynamic discussion.
- Registration: Set up a registration desk by the door so attendees can easily sign in. Upon registration, ask guests to provide their email addresses. This will allow you to keep in touch with them after the event ends. Send them a form or survey for feedback.
- Thank You Note: Send a thank-you email to all your guests, and include links to local organizations with which they can get involved. Provide links for your guests to follow the film on Facebook and sign up for your organization's mailing list.
- Follow up with us: Send the headcount and the sign-up sheet to [info@ourtimeprojects.com](mailto:info@ourtimeprojects.com) so that your guests can get involved in the ESCAPE FIRE campaign. In the email, include any feedback or ideas for improvement so we can continue to effectively support community organizers. Send us pictures or other graphic elements of your event, and we may add them to our website.



# SCREENING ACTIVITIES

Facilitators and educators can use the following guidelines in a variety of ways with a variety of audiences: as informal screening events, as an independent study assignment, in a formal classroom setting, or at an evening program or workshop. Pre-viewing activities will help you make the most out of the screening and prepare viewers to look for specific topics as they watch the film. Post-viewing discussions can help transition viewers from absorbing information to analytical thinking. Guidelines are modular, and therefore can be used individually or collectively, depending on the objectives and time frame of each event.

## SUGGESTED PRE-VIEWING ACTIVITY FOR ESCAPE FIRE

This activity is meant for a dedicated screening, workshop or classroom environment that allows time before and after the film for discussion. If your timeframe is limited, consider choosing just one of the statements as a thought prompt. This will prime the audience to think critically about the film as they watch. If time is very limited, skip the previewing activity and opt for a few salient questions from the “Questions for Further Discussion” section to guide a post-viewing discussion.

In advance of the event, read and review the “Opinion Statements” below and choose between one to five statements that you feel will resonate and spark discussion with your particular audience. Then follow these steps:

- Welcome the group. Explain that they are going to see a film that asks all the major stakeholders in healthcare to take a hard look at our current broken system and see where they as individuals and as a collective can start making sustainable changes.
- To set the tone for an open debate, explain to the group that you will be reading a number of opinion statements aloud. Explain that if they agree with the statement, they should hold up their hand.
- Read one of the “Opinion Statements” below. Depending on the audience, choose from the list of specialized statements, or read from the list of general ones.
- Allow time for the audience members to process the statement and decide if they agree or disagree. Once a good number of people are raising their hands, ask for a volunteer to explain why they agree with the statement. Then ask for a volunteer to explain why they disagree. If there is time, you may wish to allow for a short, moderated discussion on the topics that arise.

## OPINION STATEMENTS

### GENERAL AUDIENCES (PATIENTS)

- A doctor who performs a surgical procedure that takes 30 minutes should be paid more than a doctor who spends 30 minutes talking with their patient.
- My primary care physician is my most valued doctor.
- Insurance companies should charge lower premiums for people who are healthier.
- If we had universal healthcare, we would be a healthier nation.
- My doctor takes time to answer all of my questions and provides guidance and support for making healthier lifestyle choices.
- I have asked my doctor for a prescription that I learned about on TV.

## **BUSINESS LEADERS AND EMPLOYEES**

- It is my company's social responsibility to promote wellness among our employees.
- It is to my company's financial benefit to implement a corporate wellness program.
- Considerations and dialogue about employee wellness are valued in our corporate culture.
- Employees that are less healthy are less productive.
- A good health plan was a major consideration in choosing to work at my company.

## **HEALTHCARE PROVIDERS (DOCTORS AND NURSES)**

- I am satisfied with the amount of time I spend with each patient during a given day.
- I often feel torn between the financial demands of my practice and my moral obligations to my patients.
- I am very aware of the financial incentives available to me for performing medical procedures or prescribing pharmaceuticals to my patients.
- When I have a chronically ill patient, I am easily able to communicate with their other doctors to provide integrated care.
- I have prescribed integrative medicine techniques to a patient.
- Patients often ask me for prescriptions they learned about on TV.
- I make time to be a role model for my patients, living a healthy lifestyle myself.

## **HEALTHCARE STUDENTS (NURSING AND MEDICAL STUDENTS)**

- Doctors should receive fixed salaries rather than fees-for-service.
- Students are less likely to choose primary care as their specialty because it has less prestige and a lower income potential than other specialties.
- I have taken a course in nutrition.
- I have taken a course in patient safety and quality control.
- I am learning how to empower my patients to take control of their health and refer them to support systems for healthier lifestyle choices.
- I am interested in the medical profession because I wish to positively affect my community.
- I would consider being a primary care physician if the pay were better.
- The more I study and the more I see the reality of healthcare, the less inclined I am to pursue a career in it.

## **MILITARY PERSONNEL**

- The military could reduce the number of soldier deaths by decreasing its reliance on pharmaceutical drugs.
- The military should do more to address the mental health struggles of deployed soldiers.
- Acupuncture, breathing exercises, and yoga are effective ways to treat PTSD and physical pain due to injuries in combat.
- Drug addiction is a big problem for the military.
- As a member of the military, I feel like my mental and physical health is a major concern.
- The military health system can be a model for the rest of the American healthcare system.

After a number of statements have been read aloud and the group has had a chance to respond, provide a brief introduction to the film they are about to see. Refer to the "About the Film" section on page four of this guide for a general description.

Distribute the following chart to audience members. Alternatively, you may ask each person to create a similar chart on a piece of paper or on his or her laptop.

*Note: This chart is optional and is best implemented in a workshop or classroom setting. It can be distributed to audience members before or after the screening to serve as a take-home checklist for further reflection.*

	<b>YESTERDAY</b> Behavior & Knowledge	<b>TODAY</b> News Ideas & Info	<b>TOMORROW</b> Planned Changes
SELF			
FAMILY			
WORKPLACE			
COMMUNITY			
NATION			



Allow a few minutes for individuals to fill out the “Yesterday” column. These are things that they already know or do in service of health and healthcare – for themselves, their families, at their workplace, in the community, and for public policy on a national scale. Make sure to emphasize that every square need not be filled out. There may be one or more squares left blank. Examples for each might be, in order: exercising regularly; avoiding serving processed foods to my family; encouraging employees to get up and stretch and drink water throughout the day; supporting local farmers by shopping at a neighborhood farmer’s market; making a donation to a national health organization.

Explain to the group that as they watch the film, they should think about both the “Today” column and the “Tomorrow” column. What are they learning about health and healthcare as they watch ESCAPE FIRE? What new questions arise for them as they watch? What changes in attitude or behavior are being sparked and inspired by the film? What can they do now or in the future to make a difference in their own health and healthcare as well as the health and healthcare of those around them?

To debrief after the film or in a follow-up session, conduct a large group discussion where audience members share what they learned and what their planned actions are. Map responses on the board or on chart paper. Encourage cross-discussion regarding new information that was surprising, or common ideas around which to take action.

*Note: A natural extension would be to divide into teams to implement an action.*

# QUESTIONS FOR FURTHER DISCUSSION

Facilitators may wish to use some or all of these questions to guide a post-viewing discussion or serve as prompts for student essays. Keep the conversation focused. Keep the panel small. Focus your audience towards one or two issues. Filter audience questions through a moderator to keep the conversation going rather than taking questions directly from the floor.

## THE FILM:

- Why is the film called ESCAPE FIRE? How is the idea of an “escape fire” a metaphor for the message in the film? What are the proposed “escape fires” for the healthcare crisis in the film?

## THE PROBLEMS:

- **PAYING MORE, GETTING LESS**
  - 75% of the 2.7 trillion dollars we spend on healthcare in this country is spent on treating diseases that are largely preventable, such as heart disease and diabetes. Why do you think this is happening? What can be done to change this statistic?
  - Dr. Steven Nissen says, “When medicine became a business we lost our moral compass.” Explain, discuss, debate.
- **OVERMEDICATION AND OVERTREATMENT**
  - What are some of the problems that arise for both patients and doctors when medical care is highly specialized?
  - Why do you think other countries don’t allow advertising for prescription drugs? Why do you think we still do?
  - ESCAPE FIRE follows Yvonne Osborne, who has been in treatment for heart disease for over 15 years. What mistakes are noted in her care? What have these mistakes cost in terms of money, risk, and the emotional distress?
- **AN ENTRENCHED SYSTEM**
  - Medical journalist Shannon Brownlee says in the film, “We have a disease-care system, and we have a very profitable disease care system... It doesn’t want you to die and doesn’t want you to get well. It just wants you to keep coming back.” Do you agree with this statement or disagree? Why or why not?
  - The film states that the current system provides the wrong incentives for doctors and hospitals, sometimes forcing them to do what is not in their patients’ best interests. How have you seen this manifest in your own experience? What can patients and physicians do to change this?
  - Why is healthcare such a politically charged issue? Is there any hope that both sides of the aisle can come together to work for change?



## THE SOLUTIONS: ESCAPE FIRES

- TREATING THE WHOLE PERSON

- Often our healthcare debate is defined by the desire to provide more access to more people. Is holistic treatment a solution to our national healthcare problems?
- According to the film, why are primary care physicians so important?
- What can medical students and nursing students do to change the current state of healthcare?
- Dr. Weil states that western medicine focuses on “getting rid of the bad, not supporting the good” in our bodies. How can we, as individuals, do more to support the good? What can we do to ensure our doctors do the same for us?

- PREVENTING DISEASE, ENHANCING WELLNESS

- Roy Litten is a patient in the ER who has had several heart attacks and a stent placed in his heart, but continues to eat eggs and bacon and to smoke. He has stopped taking his medicine because it is too expensive, and he doesn't have his own doctor; when he started having chest pains he had to resort to going to the ER. What could be done by each of the stakeholders in the healthcare system to help a person like Roy start on the road towards good health? What are the challenges and obstacles in the way?
- Why is Dr. Ornish's study about the relationship between lifestyle choices, heart disease, and prostate cancer so important? Is this replicable for the general population?
- Wendell Potter, a former senior manager at Cigna, said that it doesn't reimburse preventive medicine because people go in and out of plans so often. How might the system be changed so that insurance companies cover wellness, prevention, and incentives for good lifestyle choices?
- What do you think of workplace financial health incentive programs like Safeway's? Should private and public insurance implement similar “behavior as currency” strategies?

- THE MILITARY

- What has the military learned about the use of narcotics and other pharmaceuticals for managing chronic pain and PTSD? What have they learned about the use of integrative medicine in the treatment of chronic pain and PTSD?
- What can the civilian population learn from what the military is doing? How can this knowledge be applied in civilian healthcare?



# TAKE ACTION

**ESCAPE FIRE** is more than a film. We hope to help fuel a campaign that empowers individuals and organizations to take responsibility for changing health and wellness in this country. This section provides audience members with five tangible actions they can take to help make a difference. Facilitators, please print out the next few pages and hand them out to your audience members.

## FOR GENERAL AUDIENCE MEMBERS

### CREATE A FIRST AID KIT

Visit [escapefiremovie.com/first-aid-kit](http://escapefiremovie.com/first-aid-kit) to create a First Aid Kit. Share your First Aid Kit with your friends, family members, colleagues, and doctors. *Facilitators: Share the link to our First Aid Kit by prominently displaying the URL in the theater and distributing the postcards that came with your DVD.*

### ASK YOUR DOCTOR

Television is cluttered with ads urging you to “ask your doctor” about pharmaceuticals and “miracle” treatments. Make your own commercial that “sells” another approach to personal health. Instead of advertising for a new drug, encourage viewers to ask their doctors about other approaches to self-healing (i.e. personalized help with lifestyle choices, more vacation, meditation, Meatless Mondays, etc.). Send us your video and we’ll share it with our thousands of community members and you should share them with yours! *Facilitators: Break out the audience into small groups. Give them 15 minutes to come up with a storyboard sketch of their own “ask your doctor” ad that promotes lifestyle changes rather than new drugs. Reconvene as a large group and have each small group present their idea.*

### CANCER STICK SWAP

Say goodbye to smoking, and send us your last pack of cigarettes. We’ll mail you back sweet ESCAPE FIRE swag. Mail to: Attn. Our Time Projects, Cancer Stick Swap, 636 11th ave, 5th Floor New York, NY 10036. Step 2: Sign up for the American Lung Association’s Freedom From Smoking program <http://www.ffsonline.org/>. *Facilitators: Ask audience members to give you their cigarette packs. Take down their email address for us so we can send them a Kit.*

### CHOOSE WISELY

Become a more informed patient. Ask your doctor the hard questions. Print out this card, fold it, glue it and stick it in your wallet. It’ll come in handy at your next doctor’s visit. It lists the questions you should ask your doctor and the most commonly over-treated ailments. *Facilitators: print out copies of this card to pass out to your audience.*

Print, cut, fold, and glue or tape together, then keep in your wallet behind your health insurance card.

#### When to say “whoa” to your doctor

##### Common tests and procedures you might not need:

1. EKGs and stress tests unless you have heart disease symptoms
2. Imaging tests for lower-back pain
3. CT scans and MRIs for headaches
4. Bone density scans for low-risk women
5. Antibiotics for sinusitis

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[www.escapefiremovie.com](http://www.escapefiremovie.com)

##### Ask these questions:

1. Do I really need this test or procedure? The answer should be direct and simple.
2. Are there simpler, safer options? Could a lifestyle change provide relief?
3. What are the risks as well as the chances of inaccurate results? Are there findings that would never cause symptoms but may require further testing? What are the potential complications versus possible benefits?
4. What happens if I do nothing? Might my condition get better if I don't have the test or procedure now?
5. How much does it cost? Are there less expensive alternatives? For example, are there generic versions of brand-name drugs?

## LET YOUR VOICE BE HEARD

Go to <http://chn.ge/RsTMGY> and sign a petition in favor of healthcare reform. Choose from the list of existing petitions that include supporting preventive medicine or transparency in pharmaceutical marketing, or even start your own petition! *Facilitators: Visit [change.org](http://change.org) before your event and print out healthcare reform petitions for audience members to sign.*

## TWEET CONGRESS

Only have a few minutes? Visit [www.tweetcongress.org](http://www.tweetcongress.org). Plug in your zip code, find your representatives, and let them know your views on healthcare reform. #EscapeFire #HealthcareDebate *Facilitators: Ask audience members to tweet Congress simultaneously using those hashtags to create a virtual sit-in!*

## SHARE YOUR "ESCAPE FIRE"

Visit our website [escapefiremovie.com/your-escape-fire](http://escapefiremovie.com/your-escape-fire) and share your "escape fire." *Facilitators: Print out this page and then ask them to take a snapshot of their answer and send it to [info@escapefiremovie.com](mailto:info@escapefiremovie.com) so we can post them on our website.*



**THE U.S. HAS A DISEASE-CARE SYSTEM, NOT A HEALTHCARE SYSTEM. LET'S CHANGE THE CONVERSATION.**

This is my **ESCAPE FIRE**:

**ESCAPE FIRE**  
THE FIGHT TO RESCUE AMERICAN HEALTHCARE

**OPENS IN THEATERS, ON ITUNES, AND VIA VIDEO-ON-DEMAND  
OCTOBER 5TH!**

[EscapeFireMovie.com](http://EscapeFireMovie.com) | [Facebook.com/EscapeFire](https://Facebook.com/EscapeFire) | [Twitter.com/EscapeFire](https://Twitter.com/EscapeFire)



## FOR HEALTHCARE STUDENTS

### BECOME AN ACA EDUCATOR

Put a stop to the continued spread of misinformation about the Affordable Care Act (ACA). Become an ACA educator with Doctors for America, a national movement of physicians and medical students working together to improve the health of the nation and to ensure that everyone has access to affordable, high quality health care. Visit their website <http://bit.ly/NpUKy9> for all the tools you'll need to educate your patients and your community.

### GET ORGANIZED

The American Medical Student Association features ongoing campaigns including Healthcare for All and PharmFree. Find out how you can mobilize your campus around the issues of equal healthcare access and transparent pharmaceutical marketing. Visit [bit.ly/HCforall](http://bit.ly/HCforall) and [bit.ly/pharmfree](http://bit.ly/pharmfree) for more information.

### SUPPLEMENT YOUR EDUCATION

Join more than 100,000 other health professional students and residents in the IHI Open School's integrated educational community. Visit [www.ihl.org/openschool](http://www.ihl.org/openschool) to take free online courses in patient safety, quality improvement, leadership, and more — all developed by internationally recognized faculty. Plus, join the vibrant Chapter network to connect with peers and colleagues around the world.

### MAKE A PATIENT PROMISE

In a Johns Hopkins study of 500 docs, 53% were obese or overweight. What message does that send to patients? Hopkins med students started the Patient Promise to inspire clinicians to be healthier role models for their patients. Go here to sign the Patient Promise ([thepatientpromise.org](http://thepatientpromise.org)) and show your patients that you practice what you preach. *Facilitators: distribute copies of the Patient Promise to your audience and ask that they sign up.*



## FOR MEDICAL PROFESSIONALS

### APPLY FOR AN INTEGRATIVE MEDICINE FELLOWSHIP

Learn more about integrative medicine techniques, while continuing to practice medicine. To learn more about Dr. Andrew Weil's Integrative Medicine Fellowship Program that Dr. Martin attended, visit <http://bit.ly/kLhej>. Or check out similar programs at the University of North Carolina at Chapel Hill, University of Wisconsin, Cornell, and Ohio State medical schools

### EXPAND YOUR NETWORK

Develop a network of integrated care for your patients. Identify local integrative practitioners such as certified dietitians and acupuncturists to whom you would feel comfortable referring patients. Get to know the primary care physicians and specialists in your community so that when you share patients, you can collaborate and provide better and less siloed care. Learn more about non-pharmaceutical and high-touch therapies to support a patient-centric model of health and wellness. *Facilitators: With your audience, brainstorm resources for integrative care including specific websites, practitioners, or organizations. Chart them on your screen, whiteboard, or chart paper.*

### INVENT A WORKAROUND

Create a short, pre-exam questionnaire for your patients. This will open the lines of communication, informing both of you about the patient's holistic health, maximizing your effectiveness with each patient. *Facilitators: Brainstorm questions that professionals might include on their questionnaires. Chart audience responses on your screen, whiteboard, or chart paper. Alternatively, create a simple worksheet that audience members can fill out individually or in small groups as a starting point for creating their own documents.*

### LIFESTYLE MEDICINE FOR HEART DISEASE

Dr. Ornish's Program for Reversing Heart Disease was the first program scientifically proven to reverse heart disease without drugs or surgery. Learn to guide your patients in making sustainable lifestyle choices that will lead to better health. Become a certified provider in The Ornish Program at <http://bit.ly/PtfvuC>.



## FOR BUSINESSES

### PROVIDE INCENTIVES

If your company is self-insured, consider whether an incentive program like that of Safeway (as shown in the film) would work for your business. <http://on.wsj.com/hRhE1>

Encourage workplace wellness by jump-starting your employees' health:

- Provide a healthy breakfast for your employees by bringing in fresh seasonal fruit, instant oatmeal, green tea, and high fiber cereals every Monday morning.
- Start a company softball team.
- Sponsor a company walk or run.
- Offer lunchtime yoga classes.
- Ask local businesses to sponsor perks for your employees like discounts at local health food restaurants or health food stores, discounted memberships at local gyms, or free introductory classes at local yoga studios.

Check out <http://bit.ly/Kjnfh0> for more information about workplace wellness programs. *Facilitators: Have the audience brainstorm specific ways that their company can support employee wellness. Divide the audience into smaller groups, and have each group come up with a plan of action to implement these initiatives. Create committees to execute this plan over the next few months.*

### LUNCH N' LEARN

Create a physical or virtual healthcare suggestion box for your office. Send out a company-wide email containing HR contact info for healthcare benefits concerns. Encourage your HR department to have a "Healthcare Education Week" where employees can attend lunch n' learn to find out more about their coverage. Provide optional supplemental insurance coverage if possible. If a large number of your employees are having issues with your current plan, reconsider your company's plan or provider. *Facilitators: Break out the audience into small groups and have them brainstorm specific ways to open lines of communication about workplace healthcare options. Reconvene as a large group to share their ideas.*

### OFFER TRAINING

Refer to resources on [health.gov](http://health.gov). Learn more about their "Be Active" Community Workshops here: <http://1.usa.gov/Q2Ek2m>



## FOR MILITARY PERSONNEL

### INTEGRATE MILITARY MEDICAL CARE

Volunteer to help build integrative medicine into military centers as is done at The Samueli Institute's Center for Research on Integrative Medicine in the Military (CRIMM), Walter Reed Army Medical Center, Madigan Army Medical Center, William Beaumont Army Medical Center, The National Naval Medical Center, the Air Force's Malcolm Grow Medical Center, and more. Go to <http://bit.ly/P6wC4w> to learn more.

### ASK ABOUT LESS INVASIVE OPTIONS

Suffering from chronic physical or emotional pain? Ask your healthcare professional about less invasive, non-surgical, non-pharmaceutical options such as dietary changes, meditation, yoga, and acupuncture. If surgery is suggested, ask if there's an alternative. *Facilitators: Conduct a large group discussion around the question, "When it comes to asking your healthcare professional about integrative options, what is your biggest concern?" Chart audience responses on your screen, whiteboard, or chart paper.*

### HELP WITH RECOVERY

Have you or someone you know developed a dependence on medications? If so, get help by visiting <http://bit.ly/Umu8nR> for support programs for enlisted personnel, veterans, and family members. *Facilitators: Post this link on your screen, whiteboard, or chart paper.*



## KEY STATISTICS

Roughly 75% of healthcare spending goes to treating preventable diseases.

- *Centers for Disease Control*

American healthcare costs are rising so rapidly that they could reach \$4.2 trillion annually, roughly 20% of our gross domestic product, within ten years.

- *Centers for Medicare and Medicaid Services*

The average per capita cost of healthcare in the developed world is \$3,000. In the U.S., it's around \$8,000.

- *Organization for Economic Co-Operation and Development*

30% of healthcare costs (roughly \$750 billion annually) are wasted and do not improve health.

- *Institute of Medicine*

Approximately 187,000 people die each year from medical error and hospital infection. Based on these numbers, it would be the third leading cause of death.

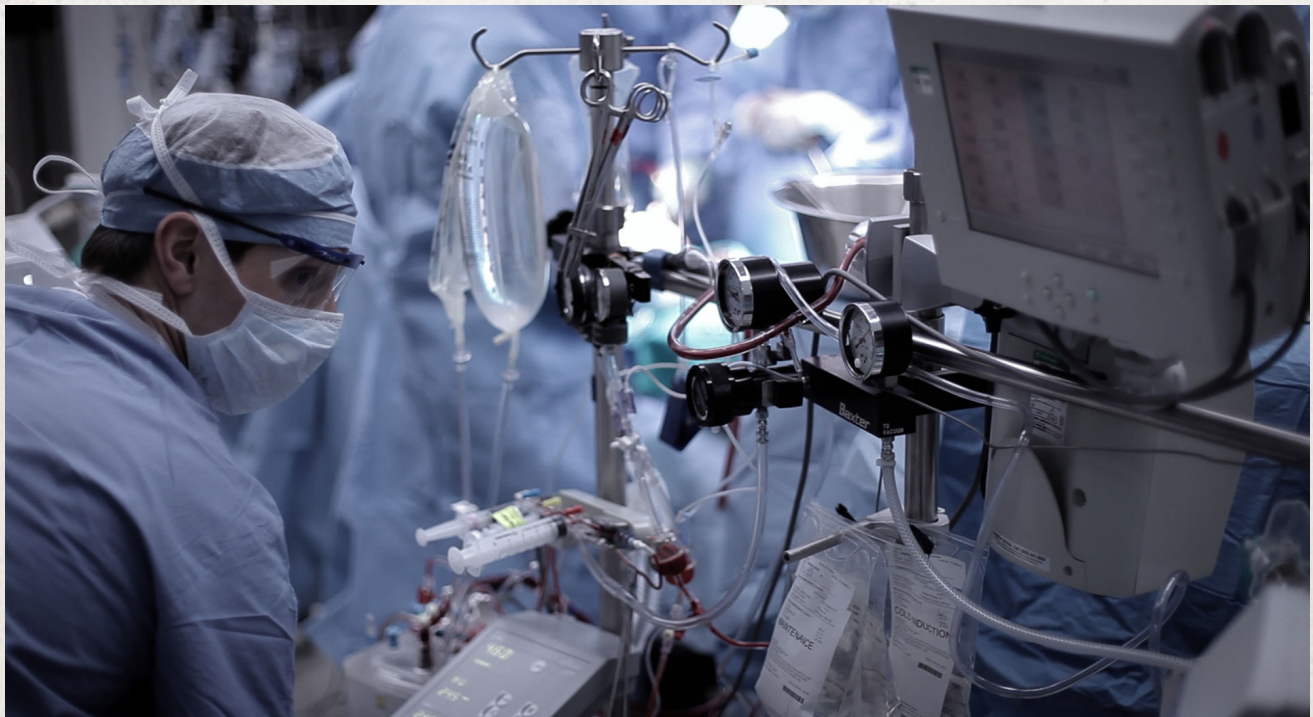
- *Health Affairs/Centers for Disease Control and Prevention*

20% of patients account for 80% of healthcare costs.

- *Department of Health and Human Services*

If trends continue through 2020, up to 1/5 of healthcare spending, or up to \$1 trillion annually, will go to treating the consequences of obesity.

- *RAND*



# INFOGRAPHICS

To share these infographics with your on-line community, please visit [escapefiremovie.com](http://escapefiremovie.com)

The cost of American healthcare is rising so rapidly that it is predicted to reach

**\$4.2 TRILLION**

roughly 20% of our gross domestic product, within six years.

ESCAPEFIREMOVIE.COM source: cms.gov

For the first time in the history of our country,

**LIFE EXPECTANCY**

**IS GOING DOWN**

for many Americans.

ESCAPEFIREMOVIE.COM source: New England Journal of Medicine

**30%**

OF HEALTHCARE COSTS **DO NOT IMPROVE HEALTH**

UNNECESSARY/INEFFICIENT SERVICES (\$240 BILLION)  
HIGH OVERHEAD/PRICES (\$295 BILLION)  
FRAUD (\$75 BILLION)  
OTHER (\$55 BILLION)

ESCAPEFIREMOVIE.COM source: Institute of Medicine

SMOKING IS RESPONSIBLE FOR APPROXIMATELY

**1 in 5**

**DEATHS IN AMERICA**

ESCAPEFIREMOVIE.COM source: Morbidity and Mortality Weekly Report

20% of patients ACCOUNT FOR

**80%** of costs

ESCAPEFIREMOVIE.COM source: ahrq.gov

In America, the more a drug is marketed to

**PHYSICIANS**

the more likely it is to be

**PRESCRIBED**

ESCAPEFIREMOVIE.COM source: Annals of Family Medicine

Only 1 in 16,000 Americans per year have had their

**LIVES SAVED**

or extended by advances in healthcare technology.

ESCAPEFIREMOVIE.COM source: American Journal of Public Health

**MEDICAL ERROR**

would be the 3rd leading killer in the U.S. per year

599,000	HEART DISEASE
366,000	CANCER
187,000	MEDICAL ERROR
137,000	CHRONIC LOWER RESPIRATORY DISEASE
129,000	STROKE
118,000	ACCIDENTS

ESCAPEFIREMOVIE.COM source: cdc.gov; Health Affairs

There are only two countries in the world that allow pharmaceutical companies to

**ADVERTISE DIRECTLY TO CONSUMERS:**

The United States and New Zealand

ESCAPEFIREMOVIE.COM source: Annals of Family Medicine

The average cost of

**HEALTHCARE**

per person per year:

The United States **\$8,000**

The rest of the Developed World **\$3,000**

ESCAPEFIREMOVIE.COM source: oecd.org

primary care physicians EARN ABOUT

**HALF** AS MUCH AS

specialists

ESCAPEFIREMOVIE.COM source: bls.gov

**DOCTOR VISITS ARE TOO SHORT.**

1/2 of all Americans with chronic illnesses are not receiving optimal care due to the brevity of their doctor visits.

ESCAPEFIREMOVIE.COM source: Quality and Safety in Health Care

# THE ISSUES

Learn more about the seven main issues covered in the film. As you familiarize yourself with the issues, try to think of potential solutions to the problem.

## 1. PAYING MORE, GETTING LESS

*“The healthcare system is unsustainable. We’re spending almost twice as much in America as any other country on Earth. We’re really mortgaging the future. Not just the health of healthcare – we’re talking about the health of the nation.”*

- Dr. Don Berwick, Head of Medicare/Medicaid 2010-2011

We spend about \$2.7 trillion on healthcare annually, and about one-third of healthcare costs, roughly \$750 billion, do not improve health outcomes. The cost of American health care is rising so rapidly that it is predicted to reach \$4.2 trillion, roughly one-fifth of our gross domestic product, within six years. We spend \$300 billion a year on pharmaceutical drugs — that’s almost as much as the rest of the world’s total expenditure on medication.

We pay much more, yet our health outcomes are worse. For the first time in the history of our country, life expectancy is going down for many disadvantaged Americans. One American dies every twelve minutes due to lack of insurance or access to quality healthcare (though the Affordable Care Act is expected to change this). About 65% of Americans are overweight and this statistic ties into the big one: almost 75% of our healthcare costs are currently spent on preventable diseases that are the major causes of disability and death in our society.

The players involved, for the most part, are good people trying to make us healthier. But we’ve given these doctors, nurses, and administrators the wrong tools and the wrong incentives.

The high price of healthcare affects all of us, even if we’re already covered by health insurance. As costs spiral out of control, individuals are the ones who make up the difference, be it through higher premiums or taxes. The first step in changing the system is understanding that the current model is unsustainable. As Dr. Andrew Weil says, “The present system doesn’t work, and it’s going to bring us down.”

## 2. TREATING THE WHOLE PERSON

*“A great deal of what’s done in conventional medicine is to put Band-Aids on things. Or to suppress symptoms. It’s much better to try to work at a deeper level.”*

- Dr. Andrew Weil, Professor of Medicine and Public Health, University of Arizona

Your body is not a car, but that’s often how it’s treated when you take it into the doctor’s office. We fix the broken parts, one at a time. We have a disease-care system, not a healthcare system, a system that rewards fragmented care rather than holistic care, specialists over general practitioners.

Almost every study agrees that your primary care doctor is the doctor that matters most when it comes to staying healthy. But we don’t treat these “quarterbacks” of the healthcare system like they’re the most important players on the team. Primary care physicians earn about half as much as specialists. Even as their job descriptions grow more complex, the system gives them less and less time to spend with each patient. There’s a revolving door of patients coming through your primary care doctor’s office, which means he or she can’t spend time getting at root causes. Most doctors only have time for quick fixes, for putting Band-Aids on the problem.

It's not necessarily your doctor's fault. He or she would love to spend more time with you. But the system pays for quantity and not quality, for tests and treatment and not holistic care for patients. Doctors need to keep their doors open, and the only way to make more money is to see more patients. And some patients don't even have a primary care doctor; they still go to the emergency room for even costlier care.

The federal government, states, and communities are beginning to establish innovative ways to encourage doctors to go into primary care, whether by forgiving some of their massive medical school debts or by shifting the way they're compensated. Some programs train nurse practitioners and other healthcare professionals to take on some of the work traditionally done by doctors. In any of these options, the emphasis has to be on patients and giving them increased access to primary care so that a single doctor — your quarterback — can get to know you, spend time with you, and treat the whole body instead of repairing one part at a time.

When it comes to making these repairs, we need to expand our tool kit. High-cost, high-tech treatments are not sustainable solutions. Often low-cost, high-touch treatments work just as effectively. We need the healthcare system to provide incentives for leading healthier lifestyles, changing our diets, and being open to holistic methods of healing that can address the body and the mind — in other words, the whole person.

### 3. PREVENTING DISEASE

*"We spend so much time in medicine mopping up the floor around the sink that's overflowing — without also turning off the faucet."*

- Dr. Dean Ornish, President, Preventive Medicine Research Institute

75% of healthcare costs go to treating diseases that are largely preventable. That's a lot of unnecessary money and a lot of unnecessary illnesses.

For too long, the American healthcare system has emphasized tests, screening, and awareness of disease. While these practices might lead to earlier detection, they're no match for true disease prevention.

The uptick in preventable disease is closely related to our changing eating habits. We've subsidized all the wrong foods: processed, corn-based products rather than fruits and vegetables. We've made unhealthy food the cheapest, and we've become more sedentary. As a result, Americans are getting heavier and heavier, which leads to Type II Diabetes, heart disease, orthopedic problems and a host of other conditions.

As Americans have grown unhealthier, they spend more and more healthcare dollars. Right now 20% of patients account for about 80% of costs. So if we can focus on treating these patients and keeping them out of the hospital, everyone stands to gain.

It can be done. The effects of healthy living have been proven. Dr. Dean Ornish, head of the non-profit, Preventive Medicine Research Institute, has performed studies that show that lifestyle changes including exercise, eating healthier, reducing stress, and social support can actually reverse heart disease and, in some cases, slow the spread of cancer.

We don't have to wait for disease to set in to live healthier lives. If we can make fresh food as cheap as processed food, and if we can live more active lives, we can curb disease before it ever has a chance to strike. But we need support: from our workplaces, from our communities, and from our healthcare system.



## 4. OVERMEDICATION

*We've become a culture where you drive up, you get what you want, you get it fast, you get it right away, and you drive off. And that being applied to healthcare just doesn't work."*

- Dr. Pamela Ross, Emergency Room, Charlottesville, VA

We spend \$300 billion on pharmaceutical drugs. That's almost as much as the rest of the world's medicine spending combined. Prescription drugs play a vital role in helping patients who need them; however, too many drugs are being marketed to patients who don't need them, leading to situations where the drug has the potential to do more harm than good.

We're one of two countries that allows drug companies to advertise directly to consumers. The ads say, "Ask your doctor" and that's exactly what we do. But the more drugs we consume, the more likely they are to interact harmfully.

Specifically, consider the military: soldiers have returned home from Iraq and Afghanistan with physical and mental injuries, suffering from posttraumatic stress disorder (PTSD) and chronic pain in record numbers. To treat this pain, the military has traditionally relied on painkillers and tranquilizers, but these prescriptions are not necessarily closely monitored. We have more soldiers addicted to pharmaceuticals than ever before, which has led to a growing number of suicidal veterans.

The military recognizes the problem, and they're trying to wean soldiers off their drugs by putting more emphasis on alternative approaches: physical therapy, exercise, yoga, and meditation. They are preaching patient-centered care that better meets the needs of injured veterans.

Just as these soldiers must work hard to overcome their dependencies, the American people have to work to steer away from the old "pill for every ill" philosophy, turning to pharmaceuticals only when necessary, reducing costs, dependency, and side effects in the process.



## 5. OVERTREATMENT

*“Driven by perverse economic incentives, we’re doing a lot of procedures to people that they don’t need. To a man with a hammer, everything looks like a nail.”*

- Dr. Steven Nissen, Chairman, Cardiovascular Medicine, Cleveland Clinic

For patients, “more” doesn’t necessarily mean “better.” When it comes to our health, recent studies show that “more” can actually mean “worse.”

A team at Dartmouth Medical School mapped Medicare payments and found some disconcerting differences from one part of the country to another. They saw that patients in some cities were receiving more care: more tests, more drugs, more time in the hospital, more invasive operations than patients in other parts of the country, even though these patients weren’t any sicker.

And here’s the truly scary part: the patients in the regions where Medicare spent more money on patients did not necessarily have better health outcomes. In fact, they were more likely to die.

The reason? Any time we go into a hospital, we take on risk. Medical errors do happen. Harmful drug interactions do occur, especially when so many doctors and nurses are giving you care. A recent study showed that as many as 187,000 people a year die from medical error or hospital-related illness. If that were an official cause of death, it would be the third largest killer in the U.S.

As patients, we should ask our doctors only for the care we need, nothing more. We need the right kind of care, not too much of the wrong care.

## 6. AN ENTRENCHED SYSTEM

*“Our forefathers in medicine were really about patients. It was about a passion for healing, and when medicine became a business then we lost our moral compass. I think we’ve gotten into a great deal of trouble because of that.”*

- Dr. Steven Nissen, Chairman, Cardiovascular Medicine, Cleveland Clinic

It’s a business, Dr. Weil adds, generating “rivers of money that flow into very few pockets.” And the people making all this money, unfortunately, don’t want to change.

Pharmaceutical companies, medical device manufacturers, hospitals, and insurance companies are profiting from our declining health. Some of the \$2.7 trillion dollars we spend on healthcare every year goes to supporting lobbyists and politicians in Washington who maintain business as usual.

For-profit hospitals brag to their shareholders about having full hospital beds, insurance companies turn higher premiums into higher profits, and pharmaceutical companies invest in “continuing medical education” to sway doctors to use their drugs.

These companies use their influence in Washington to ensure that the broken system remains in place. To get back on track, we need to remember that healthcare is about more than just making money. It’s about making Americans healthier.

## 7. REIMBURSEMENT

*“When you reward physicians for doing procedures instead of talking to patients, that’s what they’re going to do--procedures.”*  
- Dr. Leslie Cho, Cardiologist, Cleveland Clinic

The healthcare system often uses a “a fee-for-service” model of payment, meaning they pay a hospital or a physician every time a procedure is performed. So even well-intentioned doctors are incentivized to order more tests, see more patients, and do more procedures. Hospitals are encouraged to fill hospital beds and operate more frequently. Everyone in the system is encouraged to emphasize quantity over quality.

In general, the system rewards higher-tech, higher-cost procedures over low-cost, high-touch treatments. Primary care physicians aren’t paid to have long conversations about nutritional counseling or exercise regimens. Most alternative therapies aren’t covered. Dr. Dean Ornish, whose lifestyle interventions have been proven to reverse heart disease, had to battle Medicare for sixteen years to get them to pay for his program.

Some hospitals, like the Cleveland Clinic, pay their doctors salaries so that practitioners get paid the same rate, whether they perform procedures or recommend something less costly. Elsewhere, communities are finding ways to integrate hospitals and primary care givers so that the whole network is paid to keep individuals out of the hospital and focus on quality rather than quantity.

We need to shift payment to reward everyone in the system for providing the right kind of care rather than more of the wrong kind of care. If we can start reimbursing doctors and hospitals to keep patients healthy or, better yet, keep Americans from ever becoming patients, then we’ll see a rapid change in the way we give care.



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