HEALTH and WEALTH

IN THIS ISSUE

A GRAPHIC GUIDE to the US HEALTHCARE SYSTEM

Patient Name: _____ SBIRT-Patient Initial Screen

DOB: _____

Today's Date: _____ Gender: _____ FIN #: _____

Because WE CARE, we ask EVERYONE about behaviors that affect your health

TRANSFER PRESCRIPTION

NAME _____ TRANSFER DATE _____

ADDRESS _____

ORIGINAL RX # _____
DATE OF ISSUE _____
DATE FIRST FILLED _____
ORIGINAL REFILLS _____
REFILLS REMAINING _____
DATE LAST FILLED _____
PHARMACY _____
ADDRESS _____
DEA# _____
PHARMACIST OF RECORD:
TRANSFERRING _____
RECEIVING _____

℞ "Disease is never neutral. Treatment never not ideological. Mortality never without its politics."

—Ann Boyer, The Undying

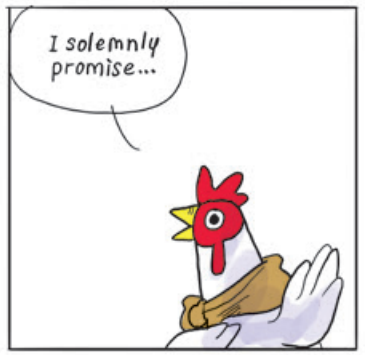
MAY SUBSTITUTE DISPENSE AS WRITTEN

ADDRESS _____

DEA# _____

Reorder: PHARMEX SB-TR

Imagine how healthcare could work.


I solemnly promise...


I will care for the sick to the best of my ability...


and promote good health and alleviate pain and suffering.


I will practice medicine with honesty, humility...

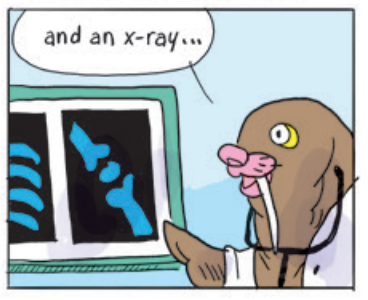

integrity, and compassion...


and will not let the considerations of gender, sexual orientation...

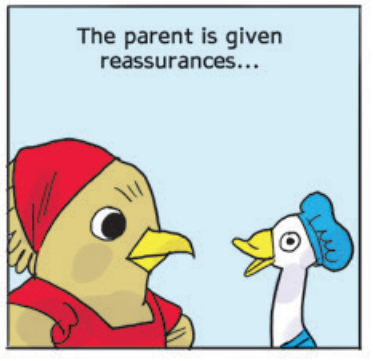

race, religion, nationality...


political affiliation, or social standing...


influence my duty or care.


The new doctor recommends blood work...
and an x-ray...


and an overnight stay in the hospital.


The parent is given reassurances...


and a ride home to get some rest.

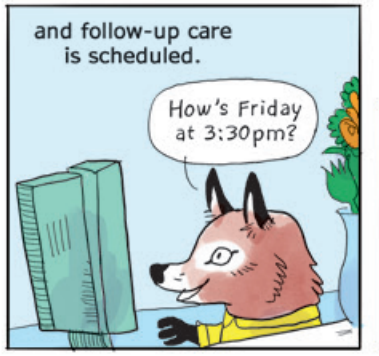

The next day, the parent takes a day off from work...
I hope to be back tomorrow.


and heads back to the hospital...


...where good news awaits.
He's ready to go home.


There is talk of possible physical therapy.
Let's see how the leg responds.

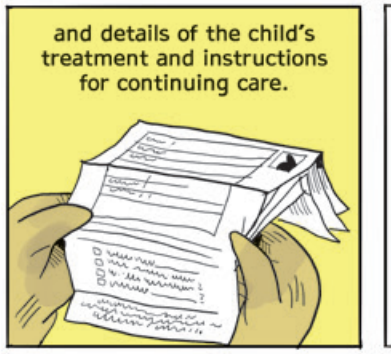

Medications are prescribed...
Call if you have questions.

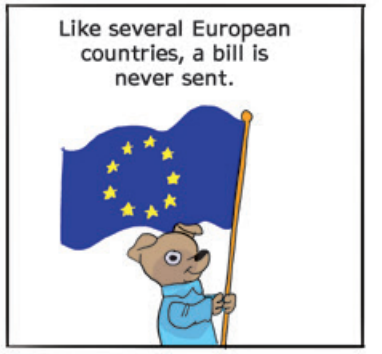

and follow-up care is scheduled.
How's Friday at 3:30pm?


That evening, the child is back home and on the mend.

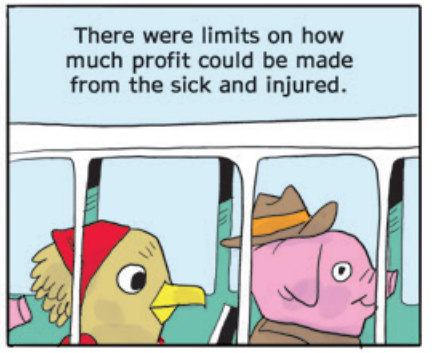

The next day, a nurse follows up with a phone call.
Thanks for calling...


An email and a letter also arrive with blood test results...

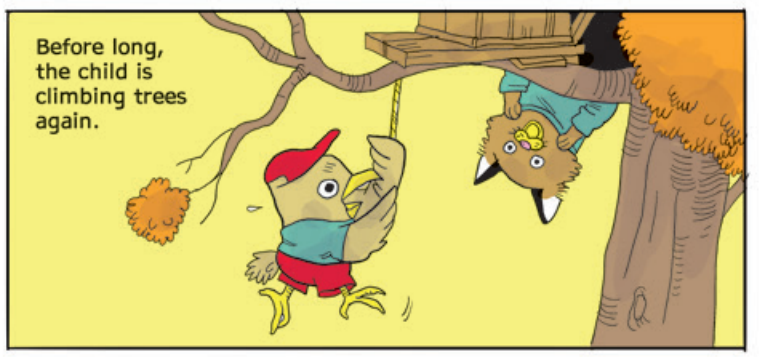

and details of the child's treatment and instructions for continuing care.


Like several European countries, a bill is never sent.


An accident happened, but it wasn't a disaster.
The parent went back to work, without losing any income or paying for any care.
CATS

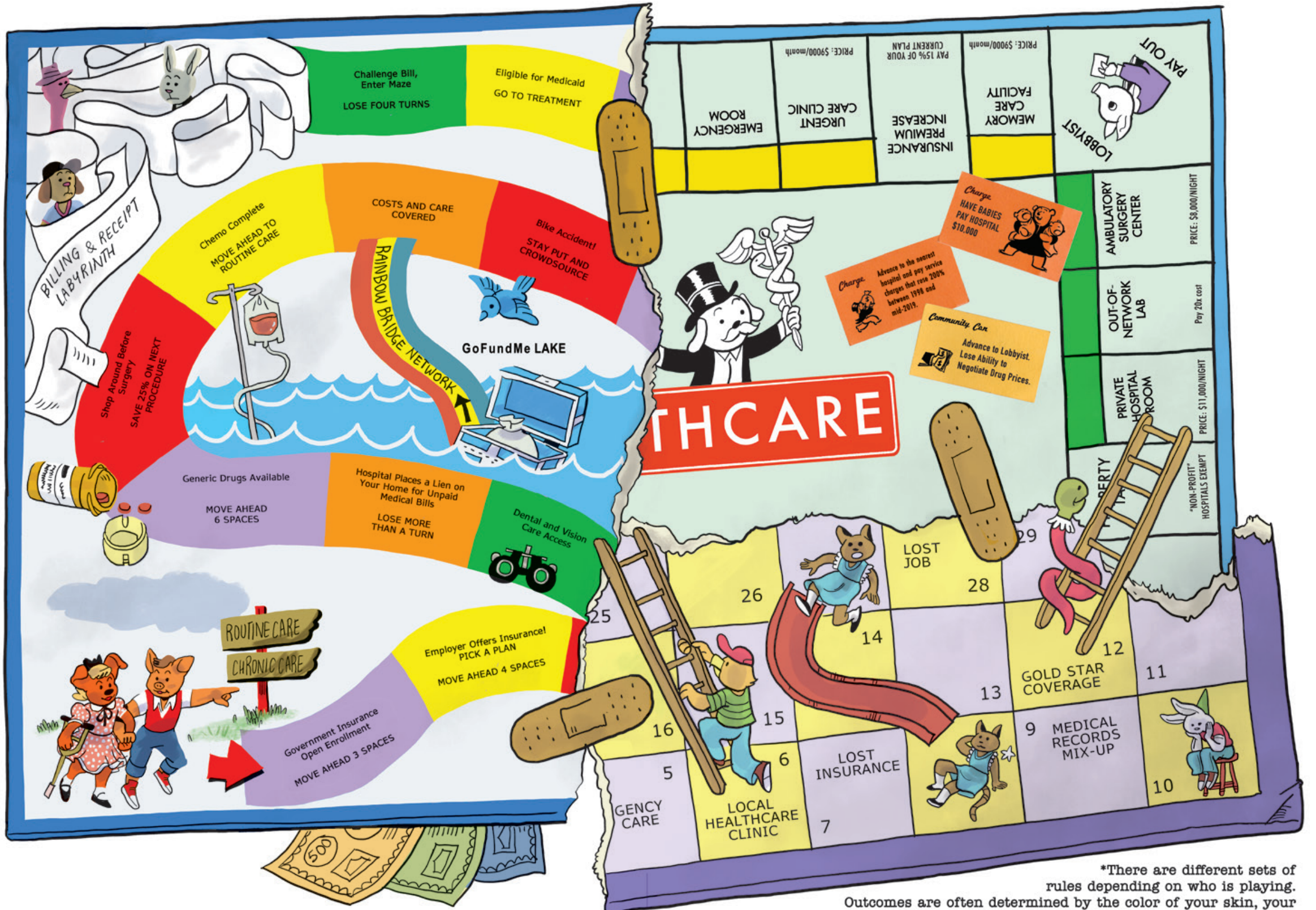

There were limits on how much profit could be made from the sick and injured.


Private and government insurance policies covered all the costs.


Before long, the child is climbing trees again.

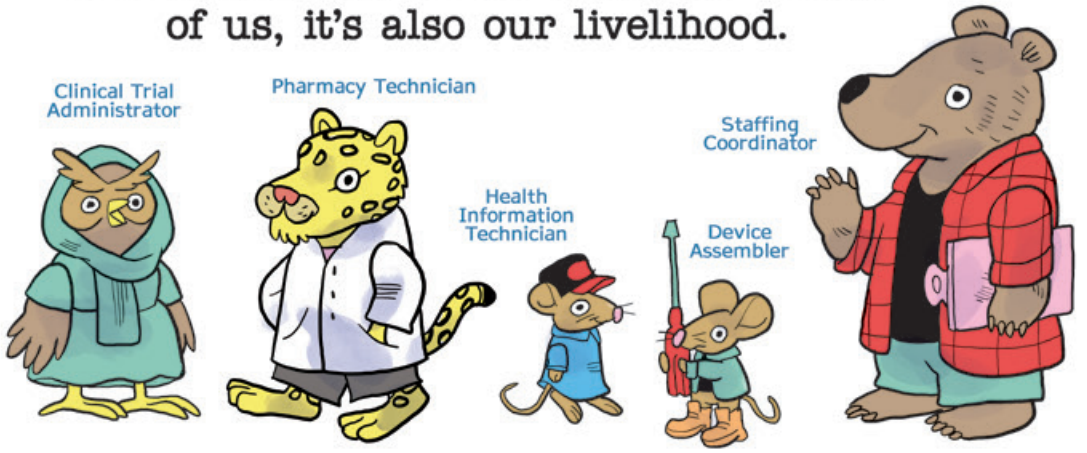
Unfortunately, the US healthcare system is not so straightforward.

The system feels more like a board game—or several board games—each designed by a different company, mashed together into a confusing, complicated mess.*

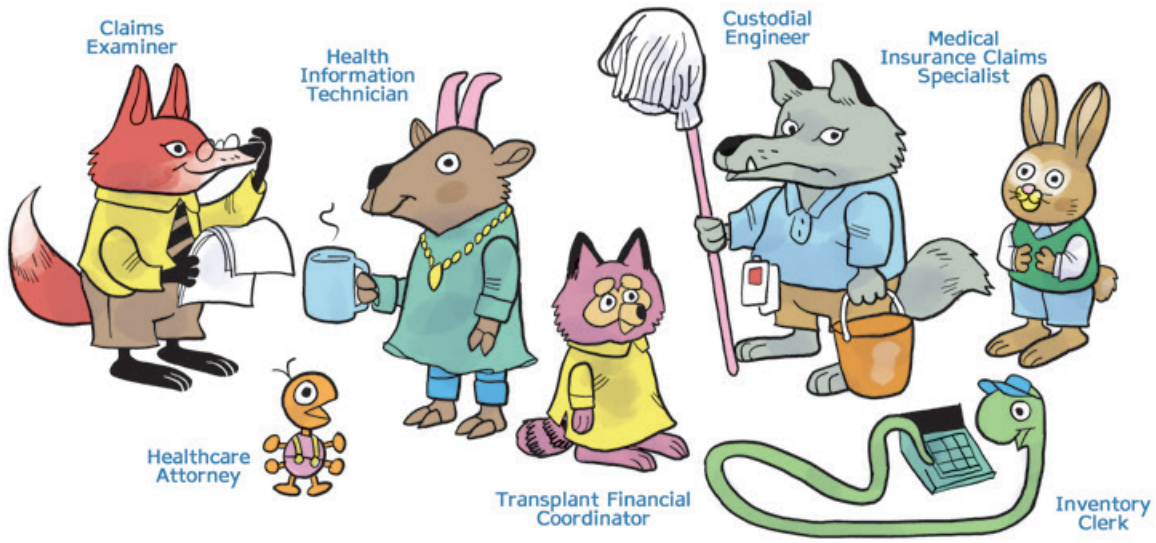


*There are different sets of rules depending on who is playing. Outcomes are often determined by the color of your skin, your zip code, and how much money you have at the beginning of the game.

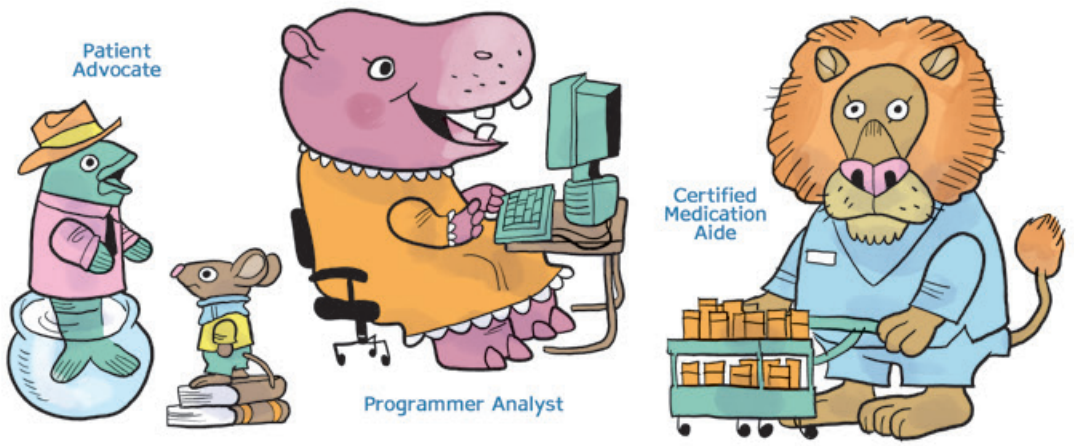
Healthcare, of course, is not a game. It is something we all need. For many of us, it's also our livelihood.



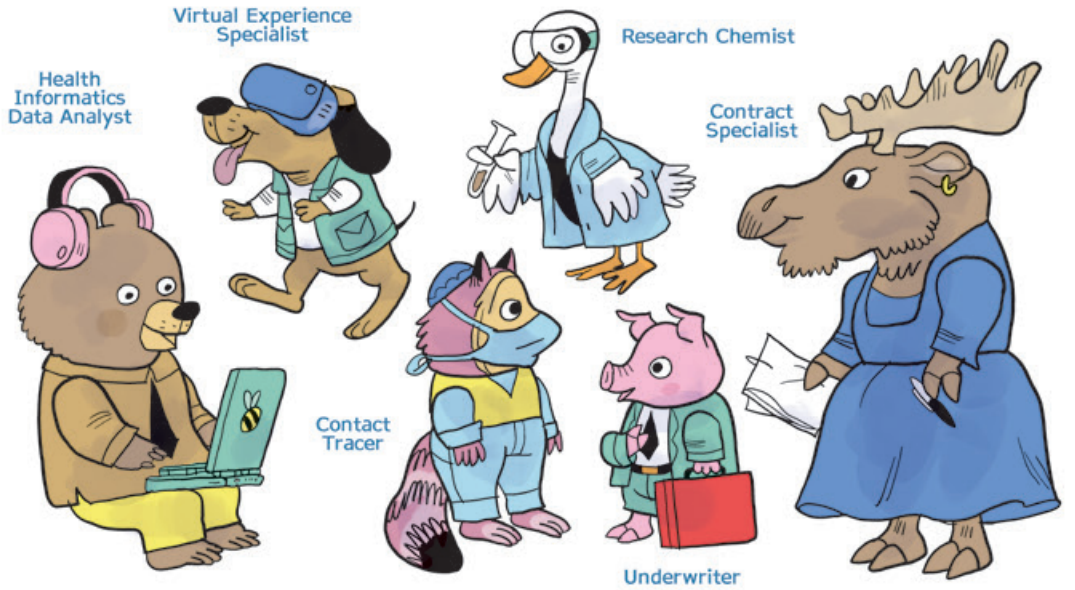
Some of us work in the pharmaceutical industry...



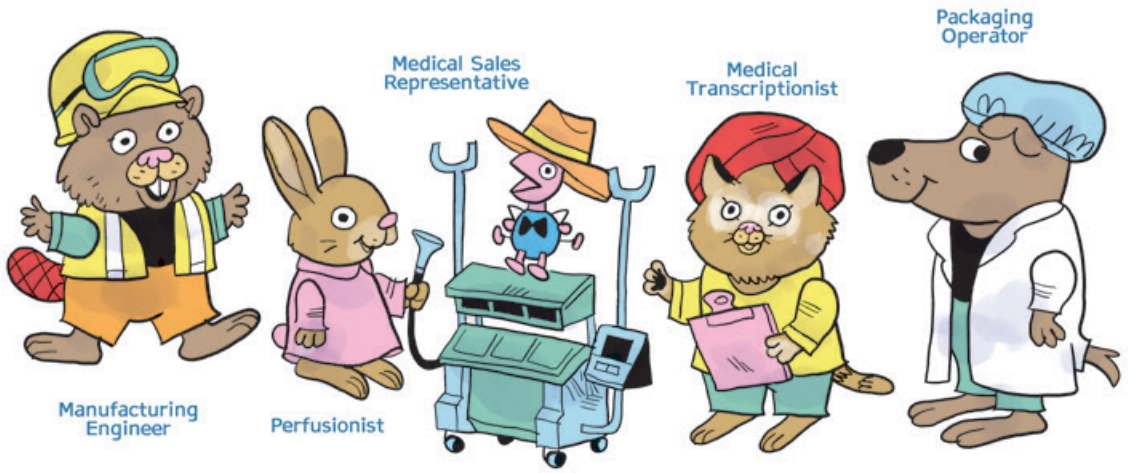
while others design system software, market medical devices, or negotiate and collect bills.



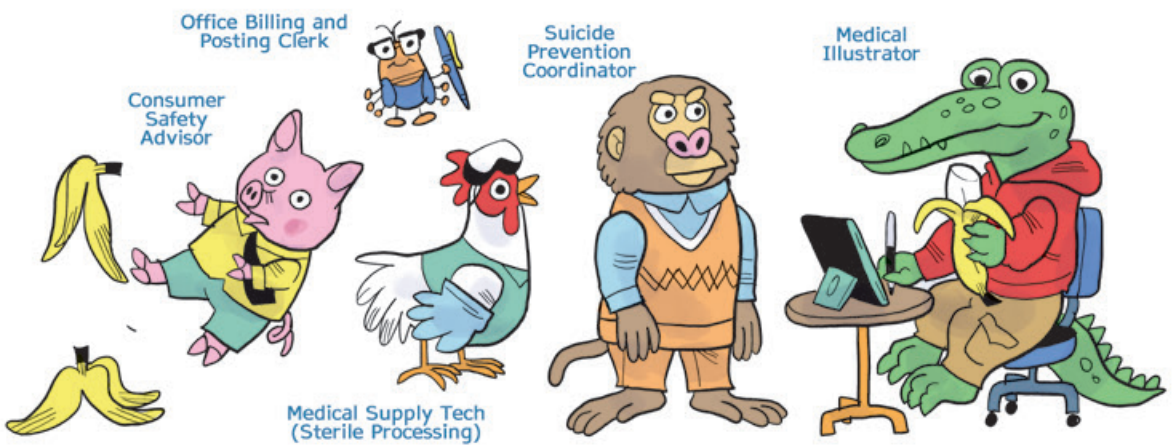
There are so many jobs in healthcare!



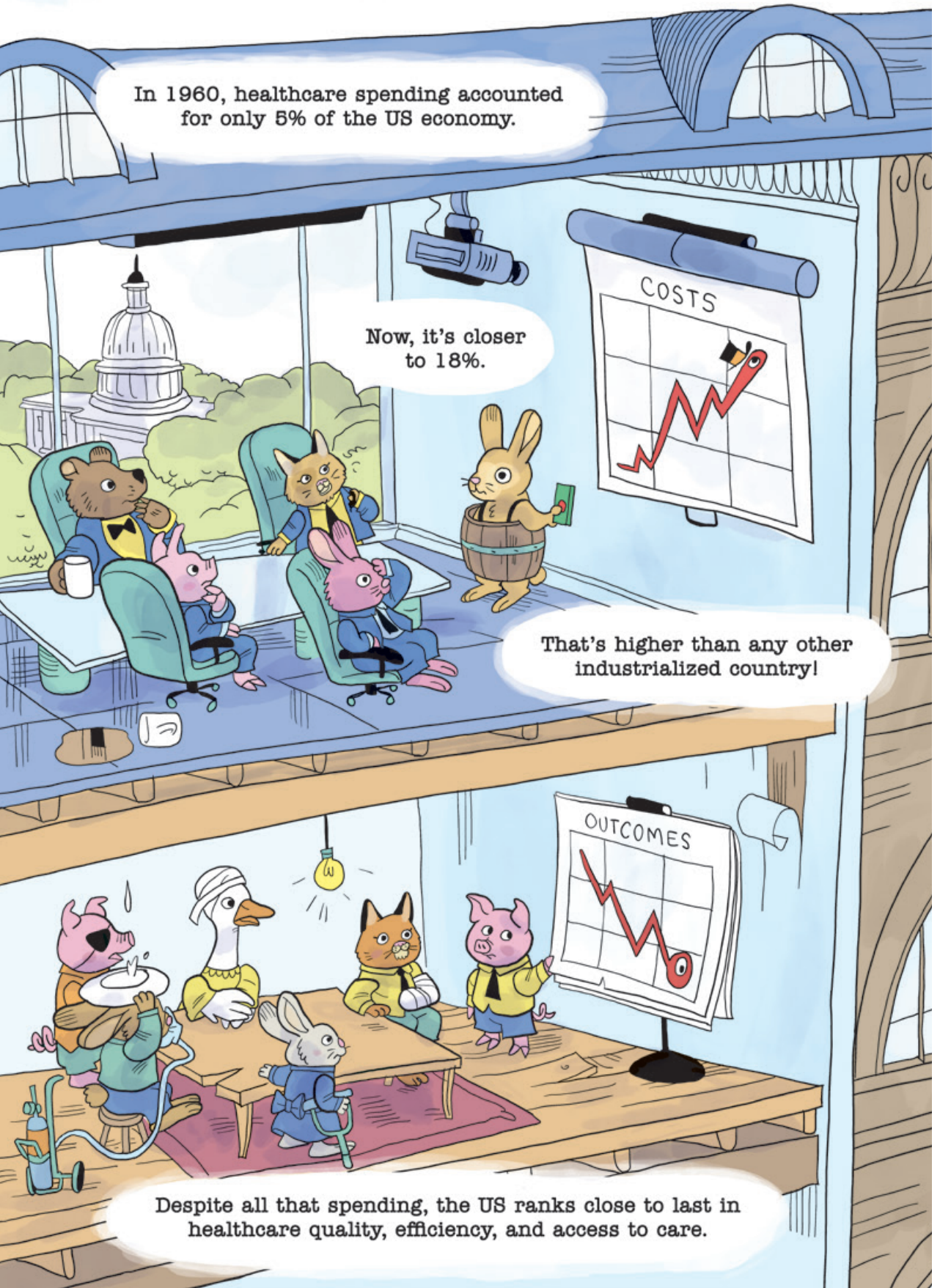
By the end of 2018, more than 16 million people worked in the US healthcare system.



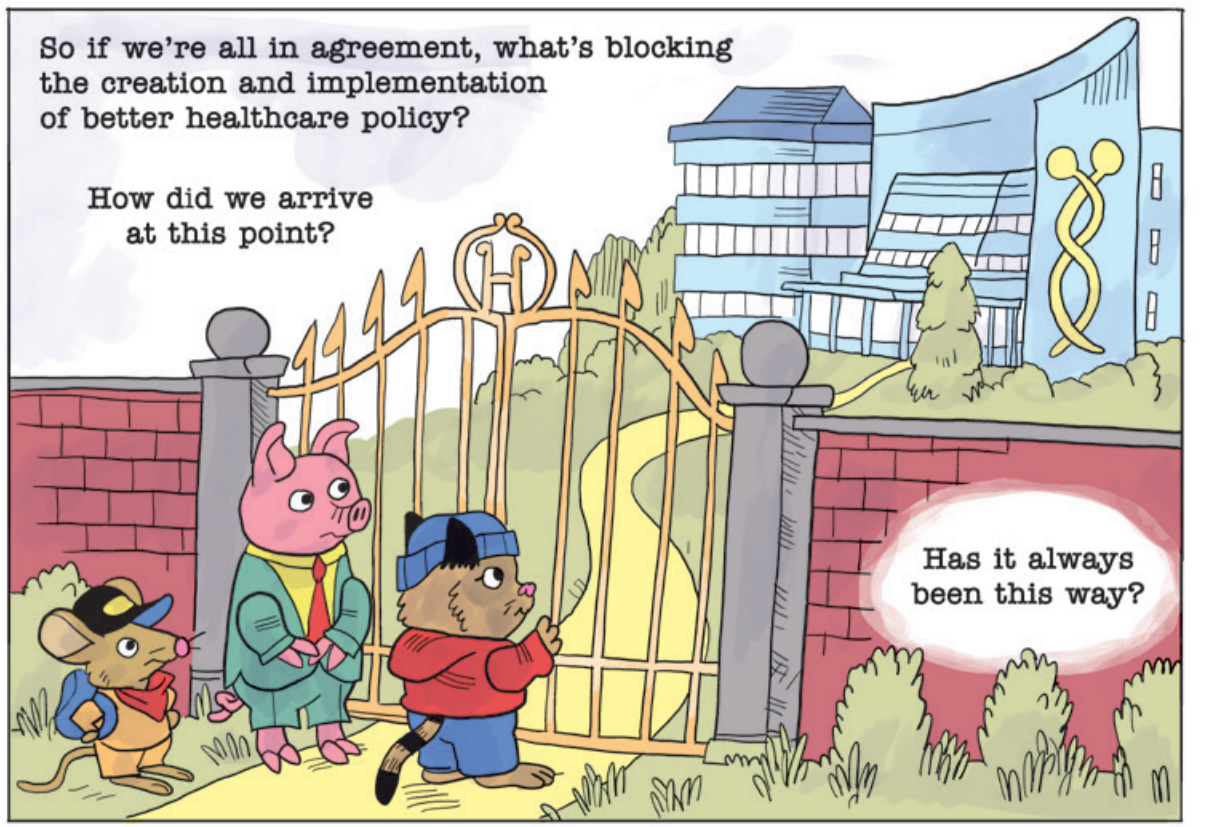
That's 11% of all the jobs in the US economy!



The healthcare workforce isn't the only thing that has grown over the years.



The only issue that our polarized country seems to agree on is that our healthcare system is not working.



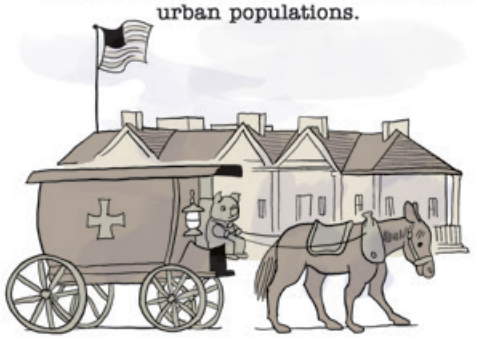
A Brief History of the Hospital

In 1800, the US only had two hospitals.

The US was a rural nation, and most Americans received healthcare in private homes. Almshouses and hospitals were mostly for the poor.

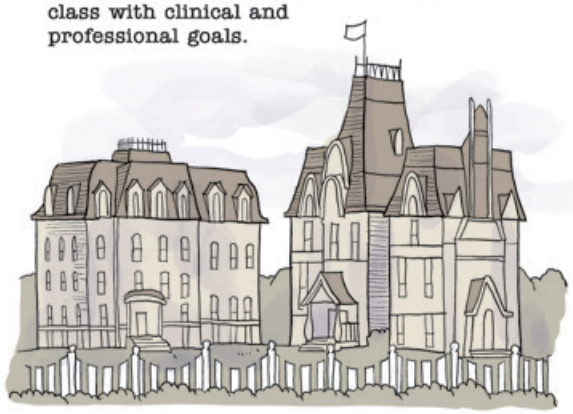
The Bettering House, Philadelphia, PA, 1767

By 1875, there were still fewer than 200 hospitals. However, the number grew quickly along with the onset of industrialization, greater geographic mobility, and larger urban populations.



US General Hospital, Hilton Head, South Carolina, 1863

Hospitals were shaped by two diverse influences: pious laypeople motivated by Christian benevolence and the emerging medical professional class with clinical and professional goals.

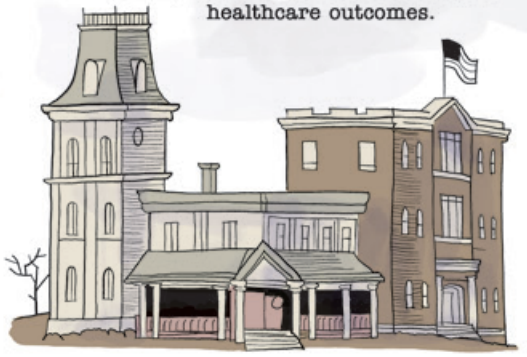


Boston University School of Medicine, 1873 to 1892

Massachusetts Homeopathic Hospital, 1876

By 1923, there were more than 5000 hospitals. Care was rigidly segregated by race in large areas of the United States.

In much of the South, the separate but unequal system of hospitals in Black communities deepened disparities in healthcare outcomes.

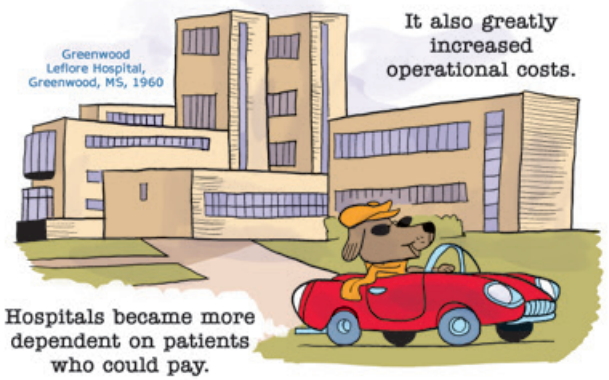


German Deaconess Hospital, Marshalltown, Iowa IA, 1915

Hospitals became drivers of innovation and soon brought astounding technical achievements to the public like x-rays, antiseptic surgery, and clinical laboratories.

St. Michael's Hospital and Nurses' Residence, Grand Forks, ND, 1913

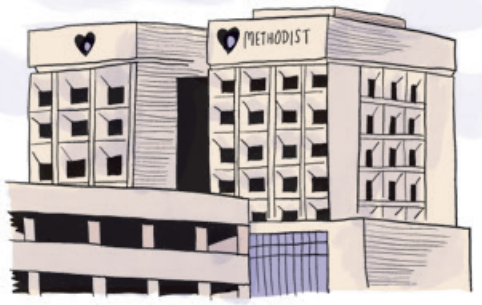
The growing complexity and presumed effectiveness of medical technology centralized the hospital's role in US healthcare.



It also greatly increased operational costs.

Hospitals became more dependent on patients who could pay.

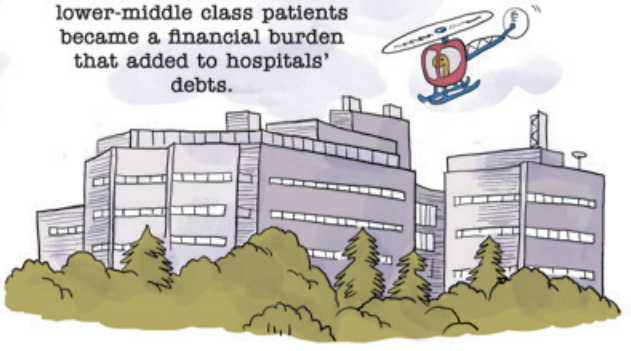
Hospitals shifted resources away from caring for the chronically ill and towards acute care (which was more profitable).



Methodist Hospital, Omaha, NE

As their expenses grew, many hospitals added specialized services and expanded facilities in order to raise more revenue.

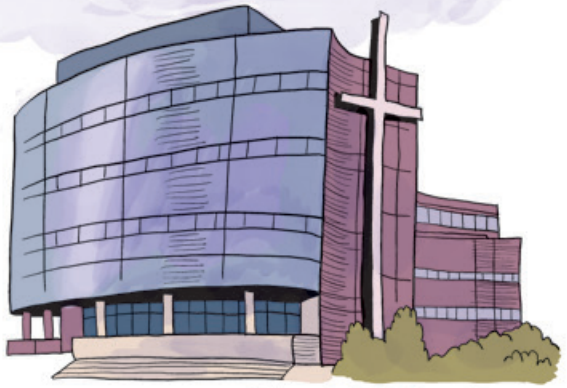
Treating poor and lower-middle class patients became a financial burden that added to hospitals' debts.



Shriners Hospitals for Children, Portland, OR

Nearly two thirds of the US's 6,000 hospitals have nonprofit status, a designation that allows them to avoid paying taxes. Many have religious affiliations and names.

Holy Cross Germantown Hospital, Germantown, MD

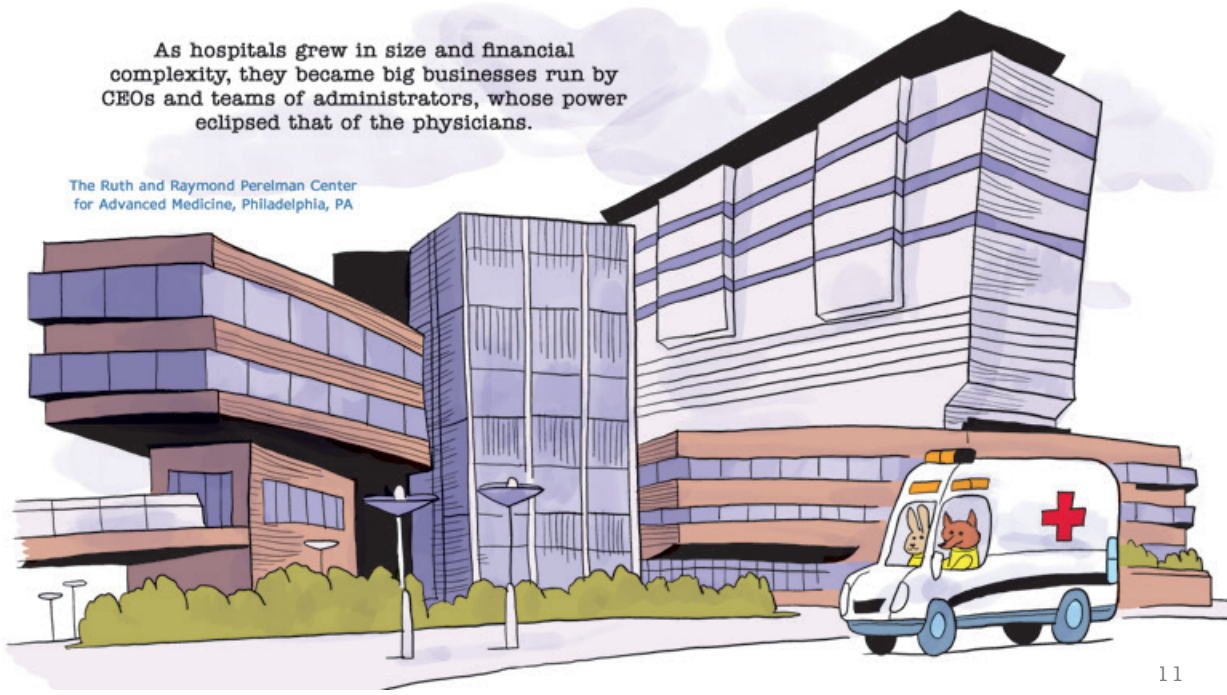


St. Agnes Hospital, Baltimore, MD

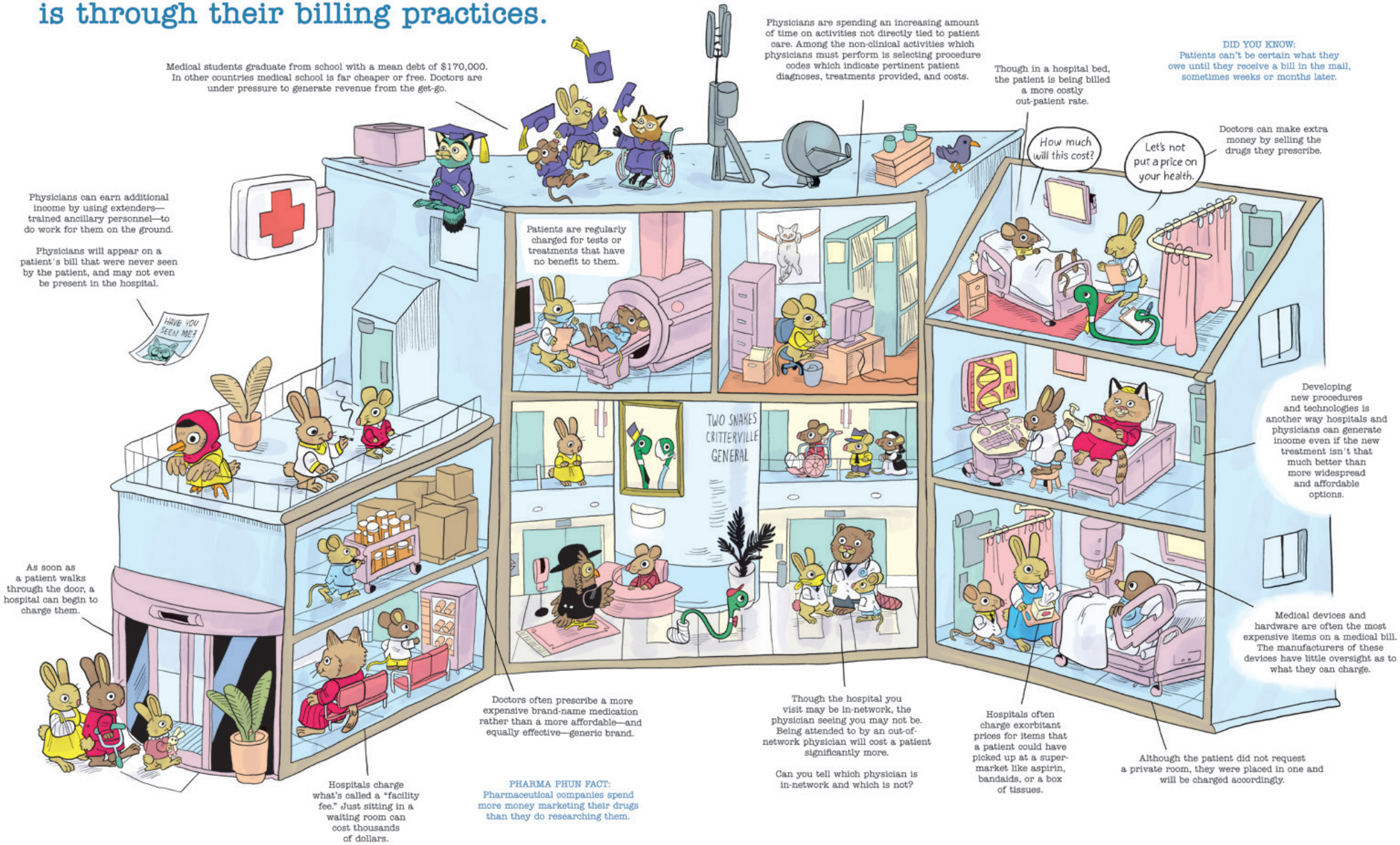
Like religious institutions, hospitals engage with the most fundamental of human realities—sickness, pain, and death.

As hospitals grew in size and financial complexity, they became big businesses run by CEOs and teams of administrators, whose power eclipsed that of the physicians.

The Ruth and Raymond Perelman Center for Advanced Medicine, Philadelphia, PA



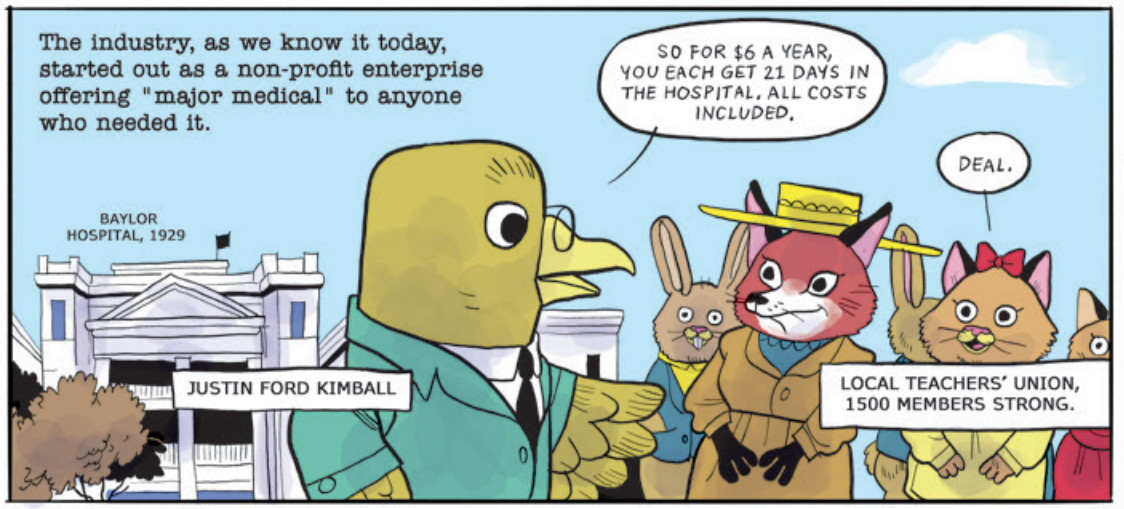
One way hospitals maximize profit is through their billing practices.



Physicians use a Relative Value Units (RVUs) scale to bill patients for various services based on the severity of their case. The more severe the case, the more doctors can earn for care. As a result, physicians have a financial incentive to increase the number of high-RVU cases they classify. What doctors get paid can reflect more on their CODING skills than their clinical ability.

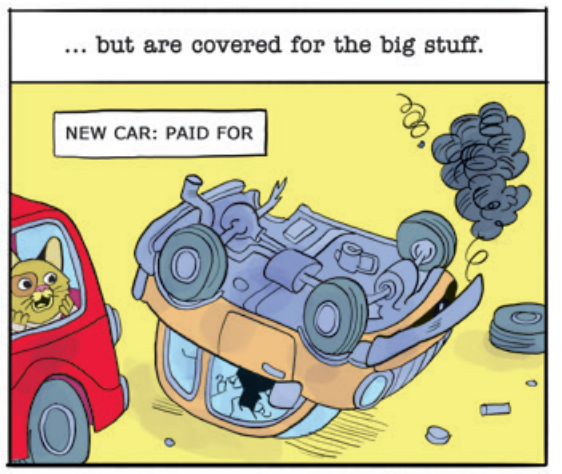
Whether driven by doctors or healthcare plans, upcoding is a common practice of replacing a procedure with a more complex one in order to charge higher rates. The big healthcare providers assert that their charges are reasonable and customary. However, what might cost one patient a few hundred dollars could cost another $10,000 or more. Prices will rise to whatever the market will bear. The entire system lacks transparency, standardization and comprehensive patient protection.

Health insurance was designed to keep you from going broke. It was pretty simple at first.



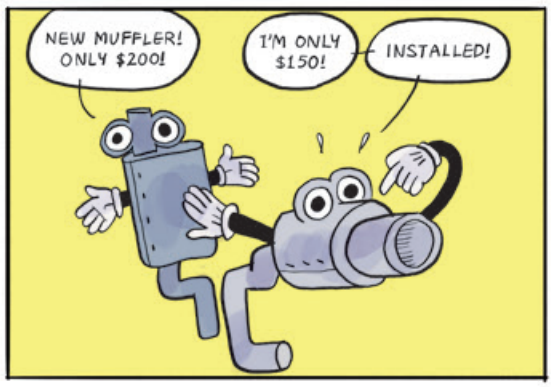
It was like car insurance: you pay out of pocket for routine care ...

... but are covered for the big stuff.

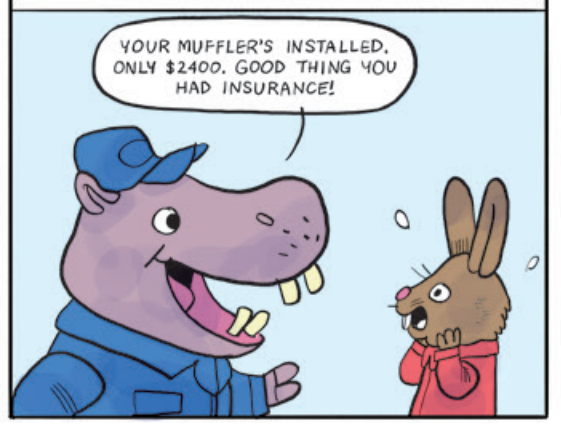


Over time, insurance companies moved to a for-profit model and their policies expanded while the costs for even minor procedures and tests skyrocketed.

In the car business, repair shops and auto part stores compete with one another for customers. This open market keeps prices in check.



But in the healthcare market, routine care looks more like this:



Insurance companies negotiate rates with hospitals, and the prices they agree upon are not discussed with patients. Determining the true cost of any treatment is quite difficult.

Somewhere along the way, determining the costs and coverage of your own healthcare became anything but simple.

To further complicate the matter, insurance companies invest heavily in marketing that gives policyholders a false sense of security.

Usually, patients do not realize they are underinsured or lacking coverage until they are already sick or injured.

When a hospital bills an insurance company it is often for exponentially more than what they expect to get paid.

For the hospital bill, the insurance company will pay a lower, pre-negotiated rate, and the patient is expected to pay the remainder—or the entire bill if they don't have insurance.

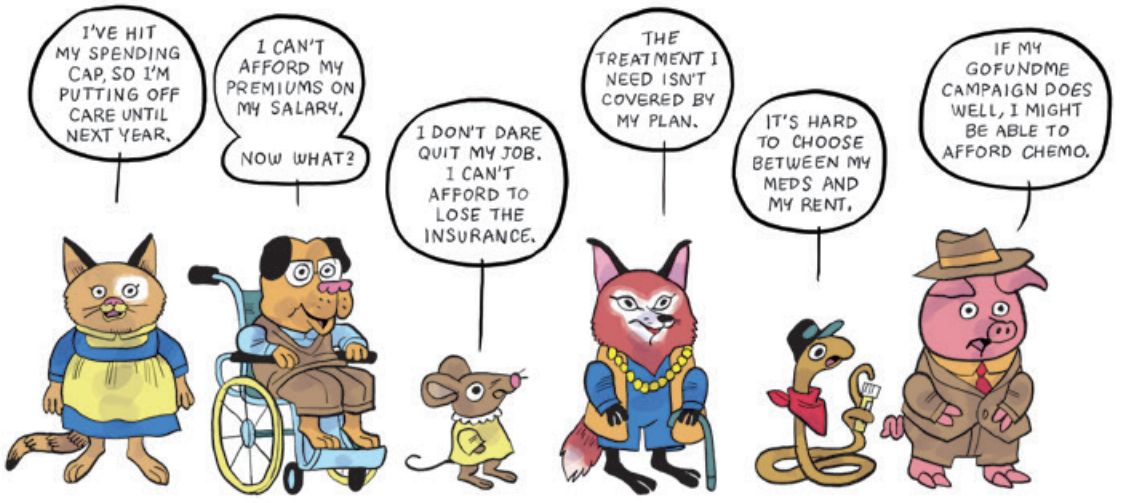
Even if a patient knows they can challenge a bill, they may not have the time and energy to do so.

Simply understanding a bill can be incredibly difficult.

Our healthcare system adds to the personal burden of the sick at the moment they are least able to cope with it.

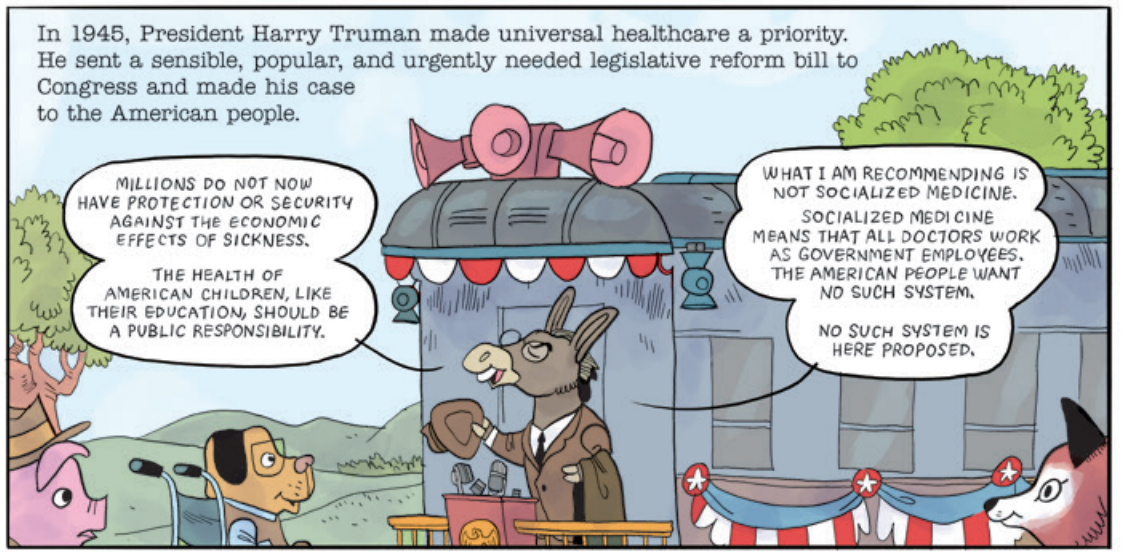
32% of American workers have medical debt, and more than half have defaulted on it—and that's among people who are employed and typically have health insurance.

Our insurance system is putting more and more people in dire health situations.



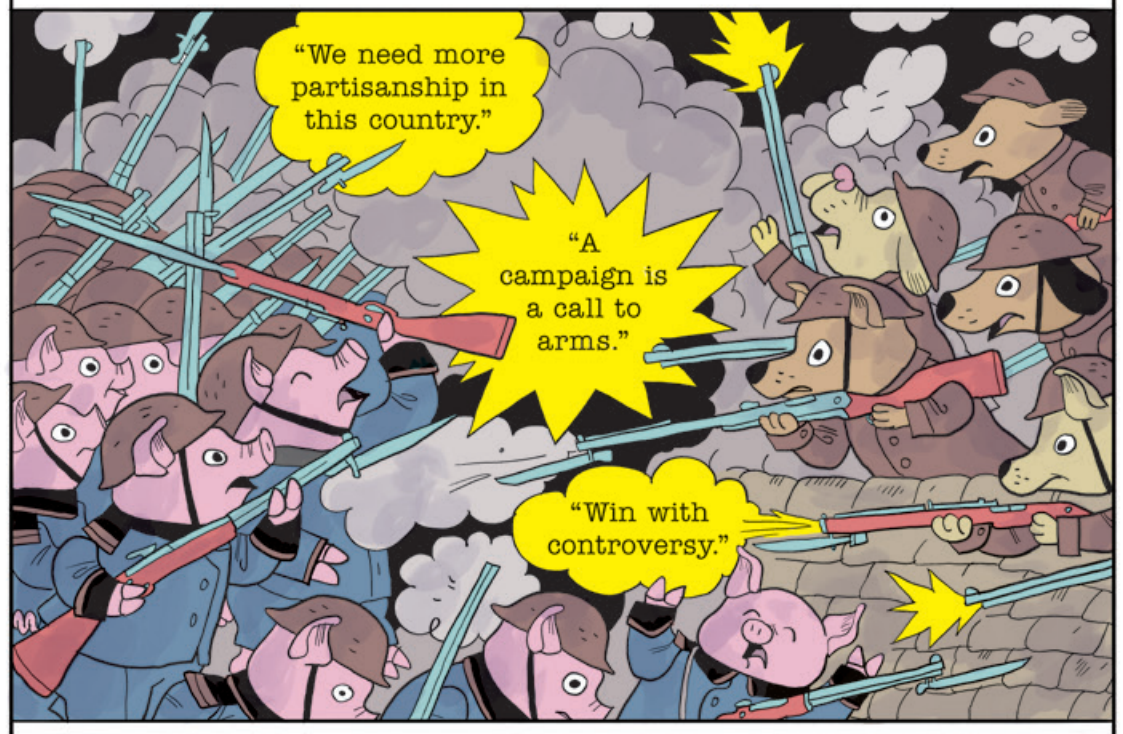
Even if 100% of Americans had jobs, the costs of healthcare would still be too high.

Keeping healthcare affordable has long been an issue that our government has tried to address.



Fearing that government spending for healthcare would threaten their clinical and financial autonomy, the American Medical Association (AMA) went on the attack and hired the first political consulting firm to torpedo the legislation.

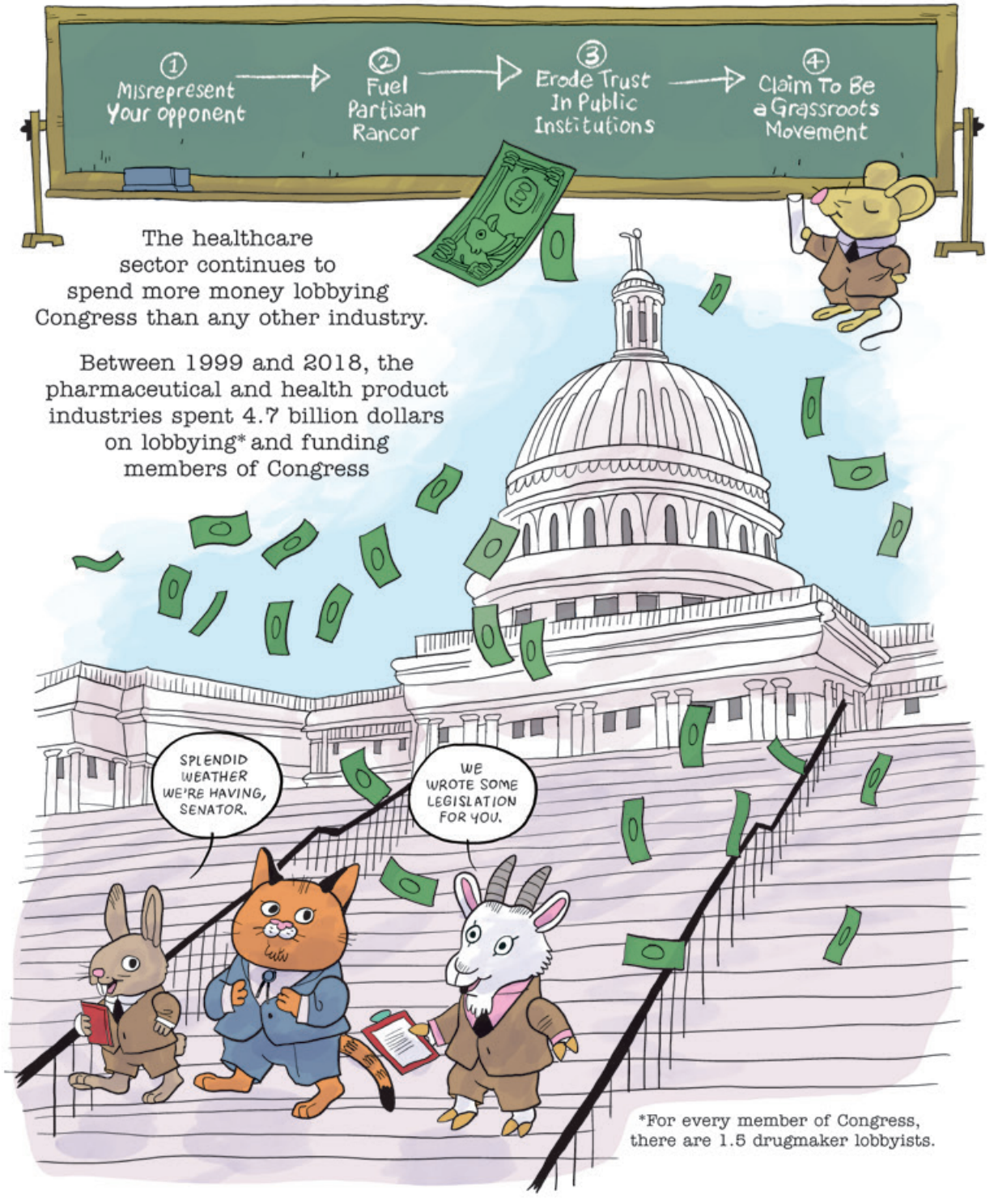
ACCORDING TO THE CONSULTANTS THEMSELVES:



They associated Truman's plan with Hitler and Stalin, and forever linked the phrase "socialized medicine" to government oppression.

Over the course of three years, the AMA spent nearly five million dollars, and Truman's plan died in a Congressional committee.

The special interest playbook is basically the same today as it was 75 years ago.



The healthcare sector continues to spend more money lobbying Congress than any other industry.

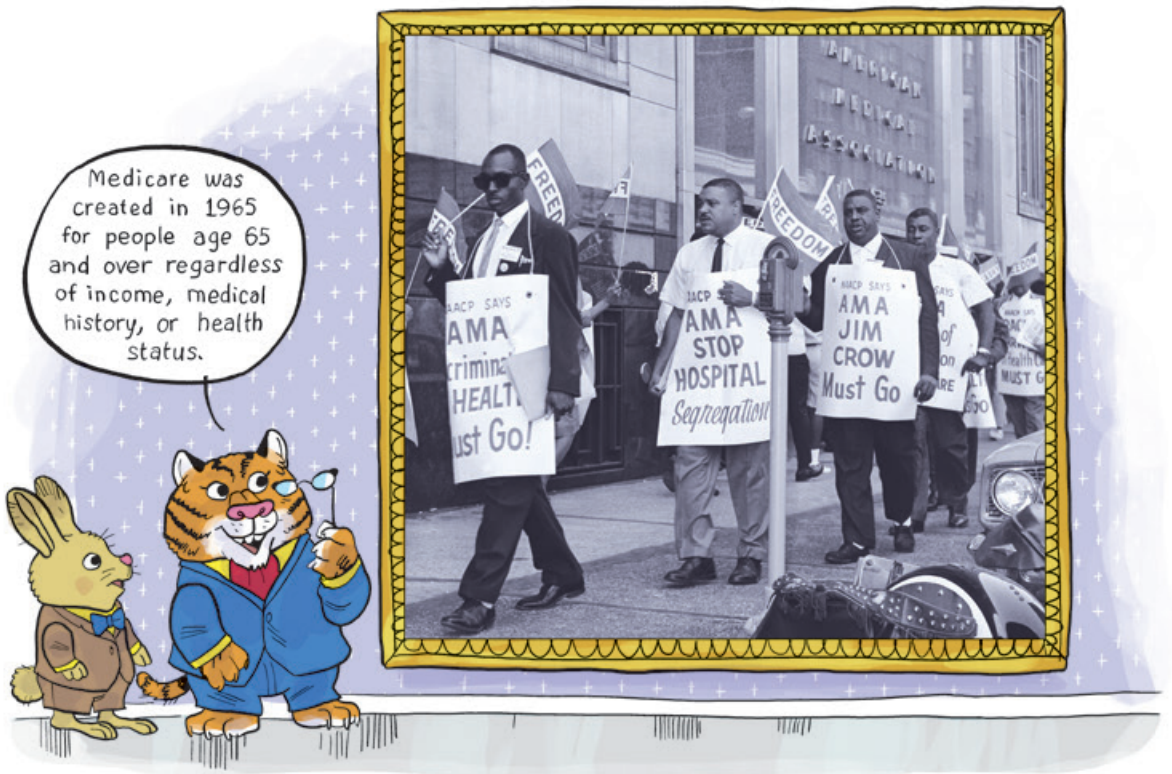
Between 1999 and 2018, the pharmaceutical and health product industries spent 4.7 billion dollars on lobbying* and funding members of Congress

For the big industry players, healthcare is not a moral question but a practical one:

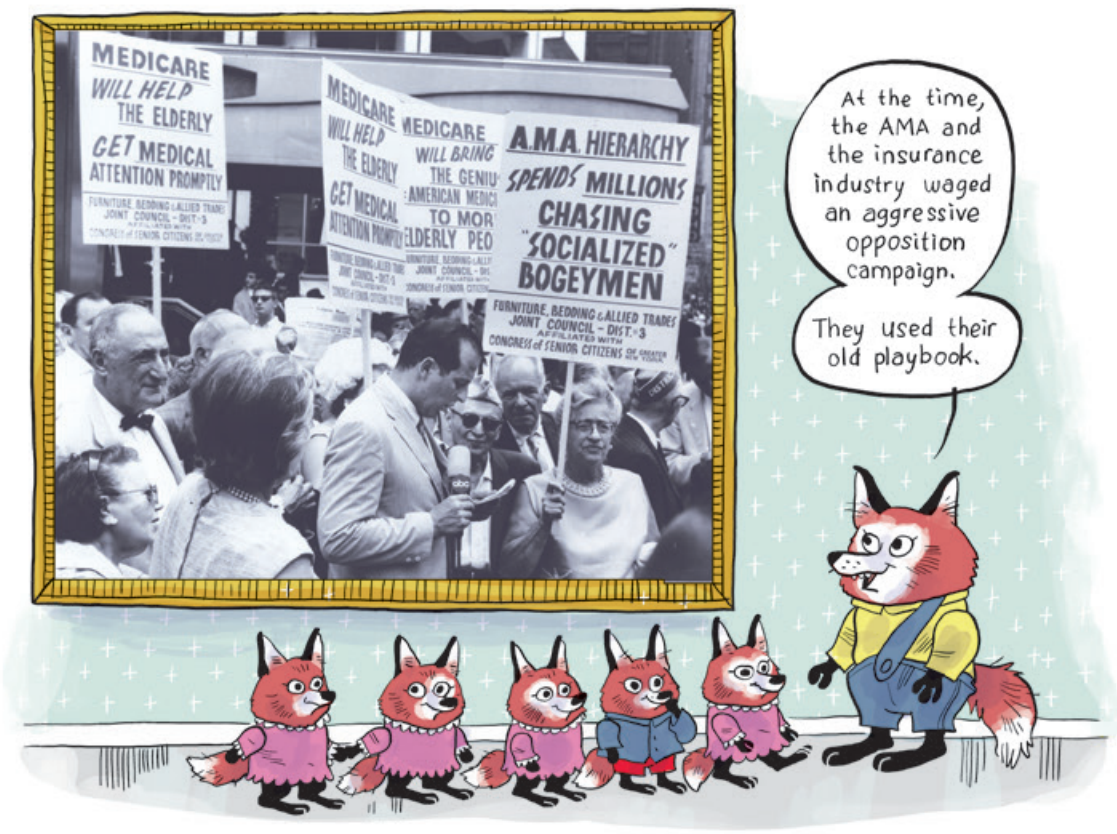
How can our shareholders secure the most from the nation's 3.8 trillion dollar pool of annual healthcare spending?

Yet for all this spinning and spending, meaningful reform can happen.

Medicare, a federal health insurance program, is evidence of such reform. It provides coverage for over 15% of the U.S. population—that's 44 million Americans!



The vast majority of Americans consider Medicare to be as important to this country as public education and national defense.



It took the combined efforts of civil rights activists, organized labor, the National Medical Association, strong federal government leadership, and many more to make Medicare the law of the land.

Over time, Medicare has proven to be more efficient than private insurance. It has lower administrative costs, and Medicare's public accountability and bargaining power allows it to pay significantly less for hospital services.

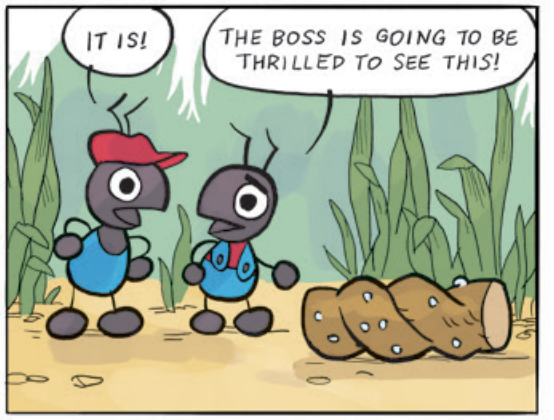
When hospitalized, the insured receive more therapeutic and diagnostic services and have lower mortality rates than the uninsured. They are also less likely to be hospitalized for avoidable health problems.

Whether through Medicare or private companies, health insurance does make a difference in whether people get necessary medical care and, ultimately, how healthy they are.

In the US, there is heated disagreement as to who deserves healthcare.

Many people pride themselves on being self-reliant and are opposed to government programs that offer healthcare insurance.

Yet since WWII, the government has been subsidizing employer-based healthcare insurance through corporate tax relief. This subsidy disproportionately benefits higher wage earners.



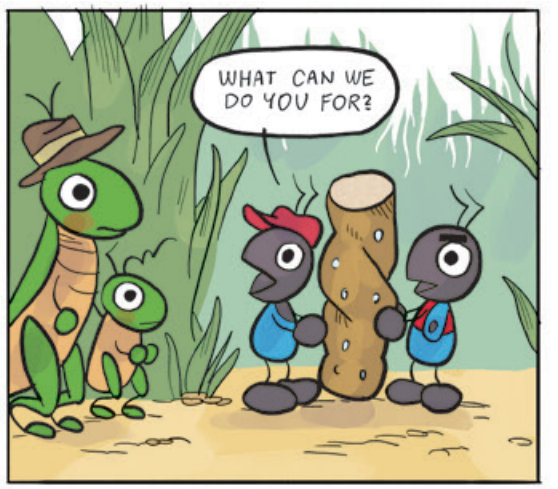
In today's gig economy, fewer employers offer insurance. This can leave workers spending up to 35% of their income on healthcare. Given this cost, it's not surprising that two thirds of all US bankruptcies are related to medical expenses, or that GoFundMe, the crowdsourcing platform, hosts over 250,000 medical campaigns a year.

In most successful campaigns, the first third of funding comes from one's real-life community.*

*Where we live determines our opportunities to access quality education, employment, housing, fresh foods, or outdoor space—all contributors to our health.

Communities with less social, economic, and educational capital find it more difficult to crowdfund for medical expenses.

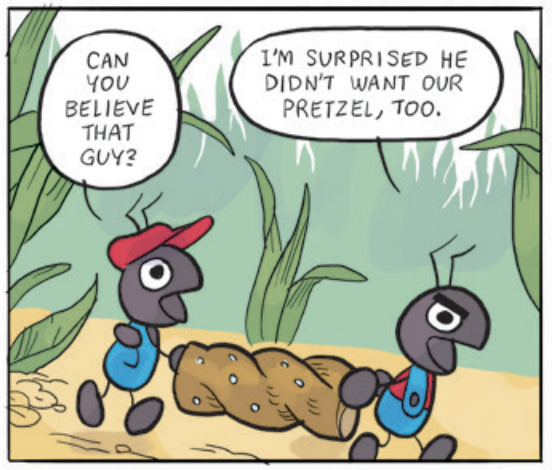
Sadly, less than 10% of all GoFundMe campaigns meet their stated financial goals, and most don't even get halfway there.



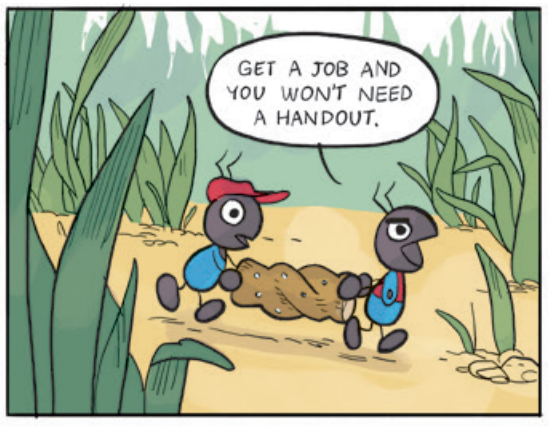
For marginalized groups, especially people of color and the LGBTQ community, the fundraising statistics are even more disheartening.

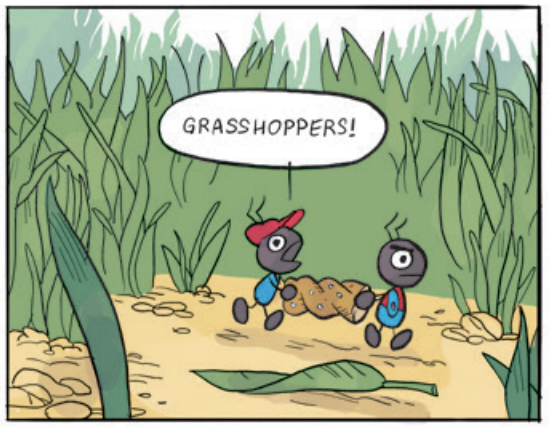
Crowdfunding also reflects the racial disparities in the healthcare system—and in society as a whole.

The moral of this story? Perhaps it is a statement from GoFundMe itself...



"A crowdfunding platform can not and should not be a solution to complex, systemic problems that must be solved with meaningful public policy. We believe that affordable access to comprehensive health care is a right—and action must be taken by the government to make this a reality for all Americans."

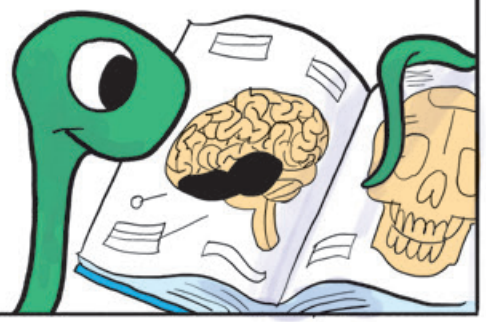




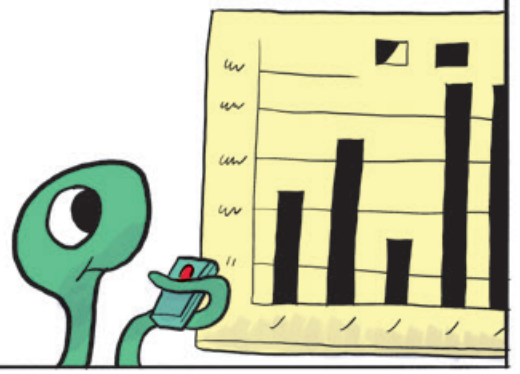
If healthcare is a basic human right, then we are all equally deserving.

A TALE OF TWO SNAKES

Once upon a time, there were two snakes. One studied medicine...

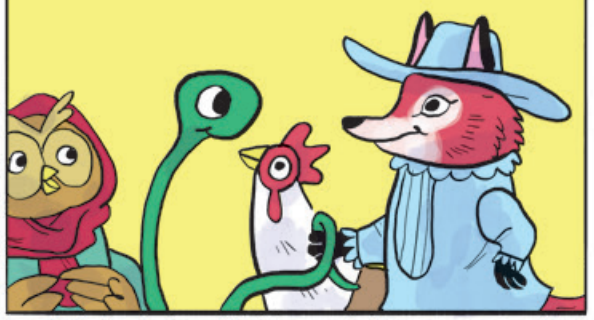


and the other studied business.

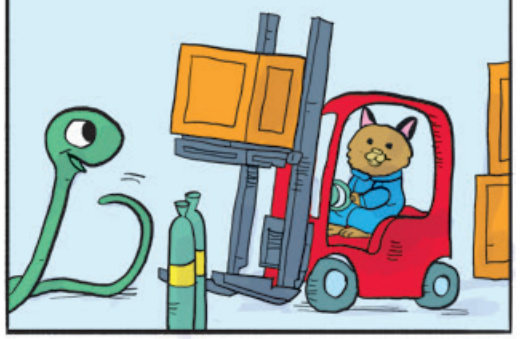


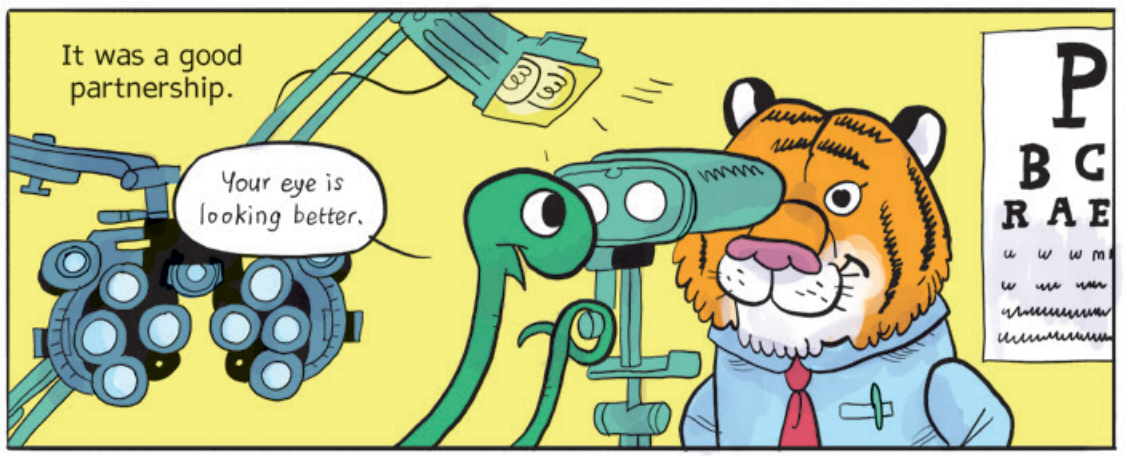
Together, they opened up a healthcare center, and animals traveled from their nests, caves, and burrows to receive care.

The snake who studied medicine hired many fine medical professionals for their diagnostic and treatment skills.

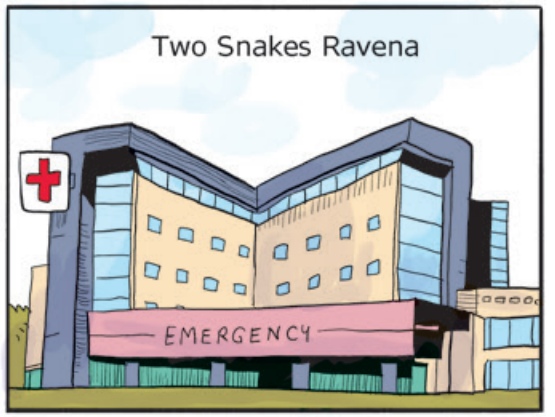


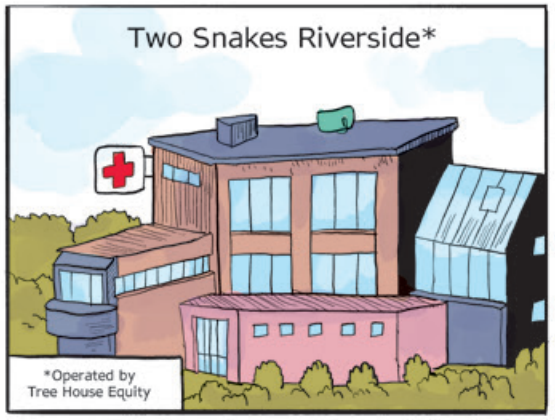
The snake who studied business made sure they had state-of-the-art equipment and modern facilities.

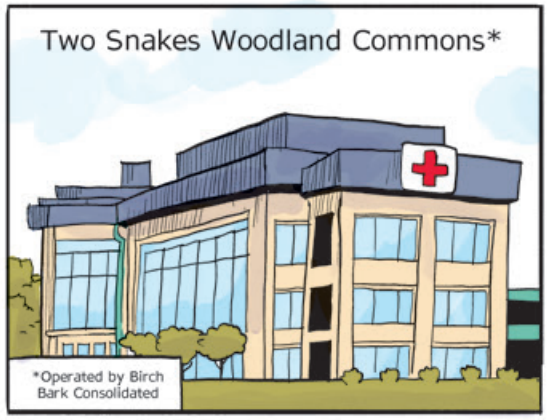




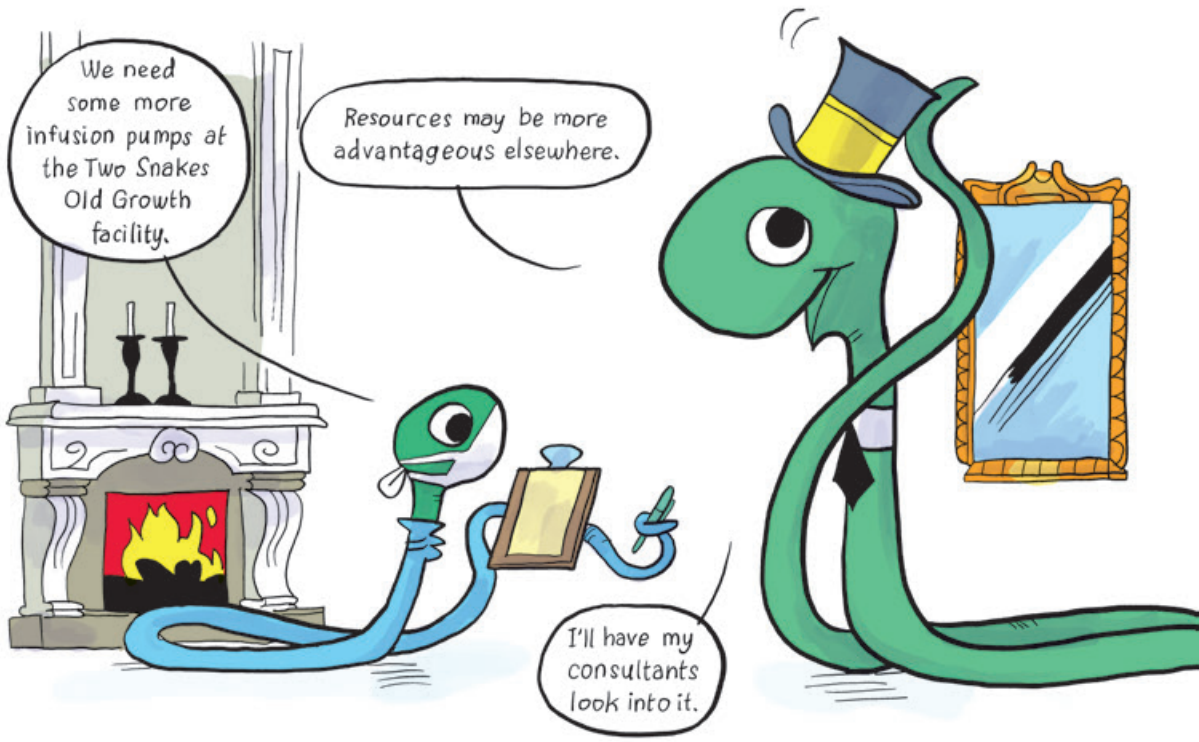
Before long, you could find a Two Snakes Medical Center in hundreds of forests throughout the land.



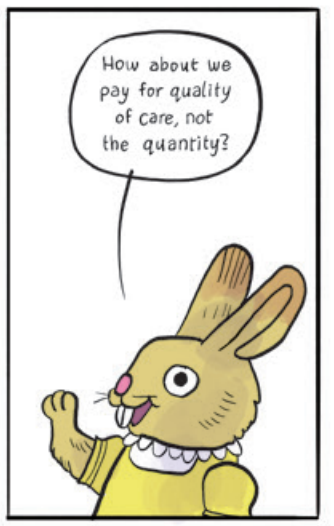


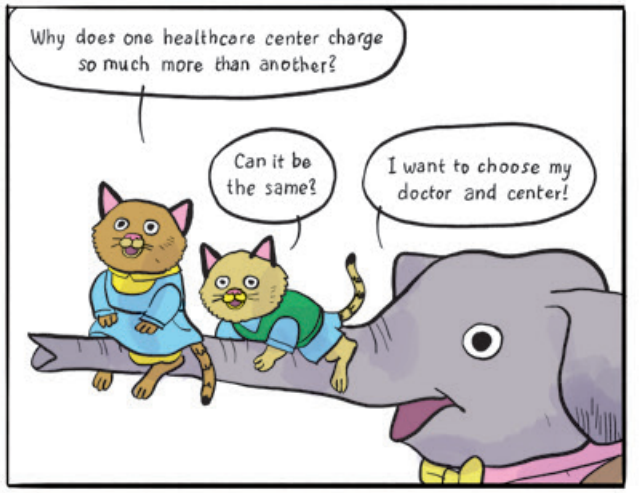


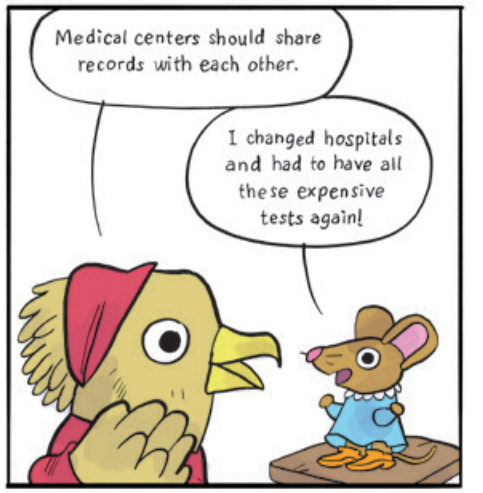
The business snake understood marketing, subcontracting, and strategic partnerships, and as the business grew, so did he.

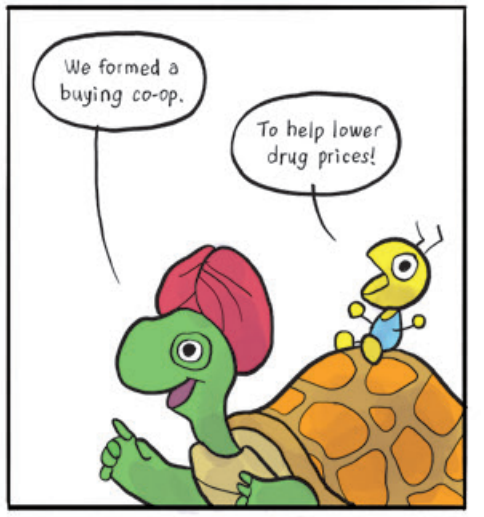


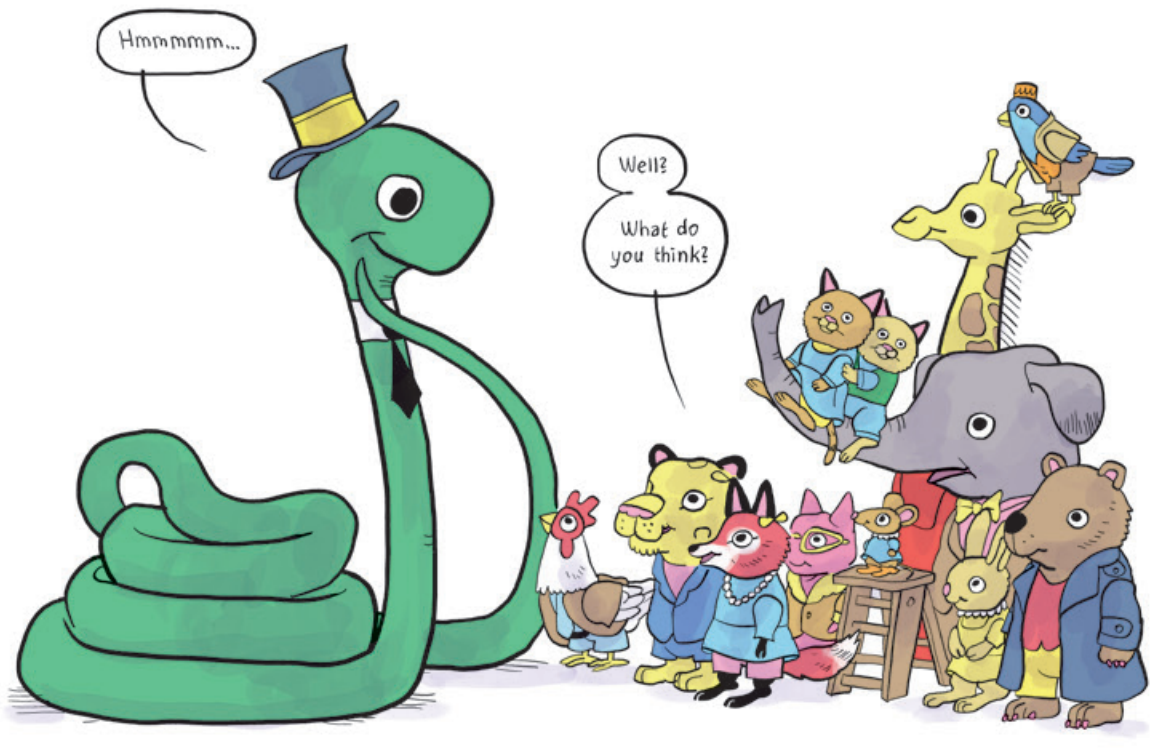
Though enormous sums of money were being made, an increasing number of animals couldn't afford care. So, the animals and their healthcare providers met with the business snake to share their concerns and propose some solutions..

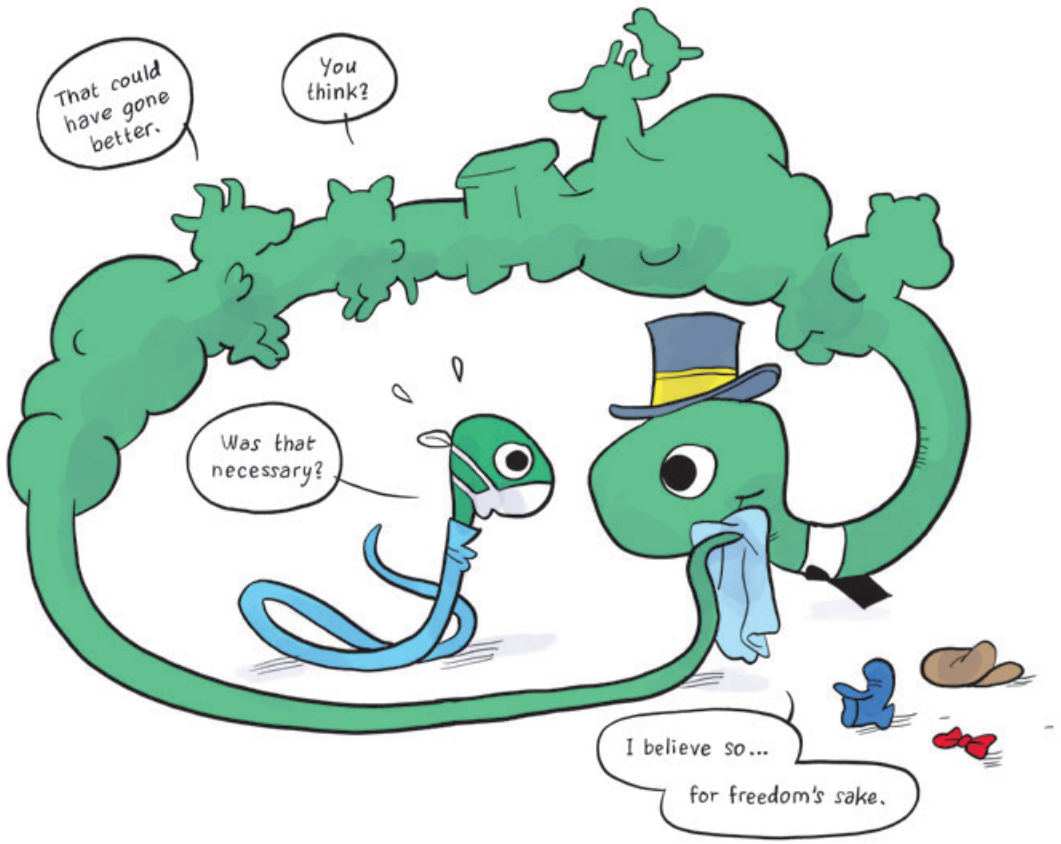












Despite the big snake's show of force, it did not have the last word. More and more animals continued to come together to advocate for better healthcare.

A Tale of Two Snakes was inspired by the Caduceus, the staff carried by Hermes, the patron of commerce and traders as well as thieves, liars, and gamblers. This two-headed snake staff has become a de facto medical symbol. Asclepius, the Greek god of medicine and healing, had a rod with only one snake.

To learn more about the US healthcare system, we recommend the following online resources:

The **Kaiser Family Foundation** is a non-partisan, non-profit source for information on national health issues.
kff.org

Physicians for a National Health Program educates physicians, other health workers, and the general public on the need for a comprehensive, high-quality, publicly-funded healthcare program that is equitable and accessible to all residents of the United States.
pnhp.org

The **Graphic Medicine International Collective** is a not-for-profit organization whose mission is to guide and support the use of comics in health.
graphicmedicine.org

Further Reading

An American Sickness: How Healthcare Became Big Business and How You Can Take It Back
by Elisabeth Rosenthal (Penguin Press, 2017)

The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry
by Paul Starr (Basic Books; 2nd edition, 2017)

Bitter Pill: Why Medical Bills Are Killing Us
by Steven Brill (*Time*, 2013)

Acknowledgements

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Credits
Lead cartoonists: James Sturm and Kazimir Lee • Research, writing, editing, and drawing contributions: Dominick Contreras, Marissa Diggs, Emma Forbes, Sam Nakahira, Ava Salzman, and Alisha Yi • Production and design assistance: Ivy Allie and Kit Anderson

The Center for Cartoon Studies teaches people how to make comics to help us better understand ourselves, our community, and our world.

All of CCS's graphic guides are available for free at: cartoonstudies.org/cartooningprojects

Engagement Guide

I. Personal Reflection Questions

1. Has there ever been a time when you or somebody you know did not call an ambulance or seek medical services because of financial concerns? Do you know anyone who may have a harder time affording or navigating the healthcare system than others?
2. Recall the last time you received a medical bill—what was the billing process like? Did you understand where each charge on the bill came from? Could you tell which charges you were responsible for and which were covered by your health plan? Did you seek clarification?
3. Do you have a primary care provider? If so, is this person someone you feel comfortable with? What has your experience been when seeking care from them? What type(s) of care do you most often seek?

II. Group Discussion Questions

1. As the comic states, "There are different sets of rules depending on who is playing. Outcomes are often determined by the color of your skin, your zip code, and how much money you have at the beginning of the game." Which of these factors make the healthcare game easier or more difficult for you to play? Why do you think the rules privilege some over others?
2. What images or visuals in the comic book stood out to you the most and why? Why do you think the comic book was designed to resemble a children's book? What are the advantages and disadvantages of presenting such an important topic in this format?

III. Activities

1. What's Your Game?

Pretend for a moment that you broke your leg and needed care. With a pencil and paper, create a board game that begins with your injury and ends with being healed. As you fill in the spaces, consider:

- What spaces would you land on that would propel you forward with treatment, slow you down, or send you in the wrong direction?
- What services, in the present and the future, would you have to pay for (ex. ongoing physical therapy)?
- Would your injury force you to alter your work or school schedule so that you could attend and pay for your medical care?

Your group can work on this collectively or each of you can sketch out your own game board and compare and contrast.

2. Personal Healthcare Directory

This sheet will act as a resource for you in the future. Make a list for each of the following prompts. Be sure to include—when applicable—names, addresses/locations, contact information, and websites:

- those you can rely on in a healthcare crisis
- who can rely on you in their healthcare crisis
- nearby places providing medical care
- local individuals/volunteer organizations that can support your or others' medical needs
- what financial resources can you use or borrow in times of medical need, and where can you find them?
- what makes you feel better when you don't feel well, and where can it be found?

For more resources including a checklist to help you to prepare for a visit with a healthcare provider, a cartooning exercise, and a health privilege check, visit cartoonstudies.com/healthcare

Glossary

Affordable Care Act (ACA): a 2010 law that sought to expand health insurance coverage for Americans and lower their healthcare costs; also known as ObamaCare

acute care: short-term treatment for a severe illness, injury, or medical procedure

American Medical Association (AMA): the nation's largest and most powerful lobbying group of physicians

balance billing: the practice of seeking additional payment from patients beyond what the insurer has paid; also referred to as surprise billing

chargemaster: a hospital's list of all its billable items and their prices; each hospital has its own chargemaster with a unique set of prices

chronic care: the opposite of acute care; healthcare for a condition that requires ongoing medical attention

copayment: the amount a person pays for a procedure in addition to what is covered by their health insurance after they've paid their deductible

deductible: the amount a person has to pay for their healthcare procedures themselves annually before their insurance plan starts to pay

employer-based health insurance: insurance purchased by an employer and offered to their employees; employers will typically help to cover the employee's insurance premiums

facility fee: a fee charged to patients for care received in a hospital-owned outpatient clinic that helps to cover the costs of maintaining the clinic or hospital; many insurance plans, including Medicare, do not cover or only cover a portion of this fee

fee for service: a payment model in which healthcare providers receive payment for each individual service provided as opposed to receiving a set fee or salary for each patient; in this model, providers are financially rewarded for quantity over quality

GoFundMe: an American for-profit crowdfunding platform; one third of all GoFundMe donations go toward healthcare costs

health disparity: a health difference that specifically impacts a socially disadvantaged group; this disadvantage can come in the form of social, economic, and/or environmental factors and often intersects with racial or ethnic identity

health inequality or **health difference:** difference in health care needs, access, or experience; the state of healthcare being unequal among groups of people

insurance network: the collection of health professionals and facilities that an insurance company is contracted to work with; insurance companies often refuse to cover care provided outside of their networks

lobbyist: a person who takes part in an organized attempt to influence legislators

Health Maintenance Organization (HMO): a health insurance organization that provides medical services in exchange for a subscription fee; typically only covers care provided in their network

Medicaid: a health insurance program provided to individuals and families based on their income level and disability status

medical coding: the translation of diagnoses and procedures into a medical code; often for billing

medical loss ratio: the percent of each dollar that insurance companies spend on their customers' medical expenses as opposed to other administrative costs such as marketing and salaries

Medicare: a federal insurance program that covers adults over 65 years old, some young people with disabilities, and people with end-stage renal disease (kidney failure)

Medicare for All: a national health insurance program which aims to provide healthcare coverage for everyone regardless of their ability to pay

National Medical Association (NMA): the largest, oldest nonprofit organization of African American physicians and their patients; founded in 1895 to represent African American health professionals who were denied membership into the AMA

Pharmaceutical Research and Manufacturers of America (PhRMA): a nonprofit lobbying organization that represents the biopharmaceutical industry; one of the top spending lobbying groups in the US

pre-existing condition: a health issue that a person suffered from before starting a new insurance plan

public option: a federal health insurance program that would compete with private health insurance plans in an effort to provide health insurance coverage to more Americans

premium: the amount a person pays for their health insurance every month; based on five factors: age, location, tobacco use, individual vs. family enrollment, and plan category

relative value units (RVUs): a system that defines the value of a healthcare service or procedure and helps to determine how much a physician is paid

single-payer health care system: a plan in which the government is the only payer of healthcare claims and everyone is provided with health insurance regardless of their ability to pay

universal coverage: the idea that all people have access to healthcare without financial burden

upcoding: when a healthcare provider submits a code for a diagnosis or procedure that is a higher level or more costly than the actual diagnosis or procedure

Non Fiction/Comic

Why is healthcare so expensive? How does insurance work? Why does socialized medicine sound so scary? Why is it so hard to improve our healthcare system?

If you find the US healthcare system complicated, troubling, and hard to understand then you've come to the right comic book!

Combining facts, fables, photos, and funny animals, Health & Wealth is an easy to understand primer to a critical and confounding topic that touches all of our lives.

ISBN 978-0-9995123-2-6

For more information and to download this comic for free visit: **cartoonstudies.org/healthcare**