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Health Care Entity Registry - Listening Session #1
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>> CORI TARZWELL: I am helping Andrew and monitoring the chat box. If you have comments you would like to put there, please do so and I will make sure and get it to Andrew.

>> ANDREW STRUSKA: All right. Let's get started. Before starting today, we have housekeeping items. Today's session will be recorded for transparency and make sure everyone's input is accurate and nothing is lost. By remaining in this session, you are able to be recorded. Today, we'll have a little bit of background as well as the Health Care Entity Registry, and as well as state partner agencies and resources being reviewed and end with your feedback.

Some housekeeping items, we wanted to provide basic instructions how to interact with Teams. You should a panel on the top of your screen. On the far right, you should note buttons to mute and unmute yourself. This button should be currently inaccurate, but if you use the raised hand function in the center, if you wish to speak, we can unmute you during that time.

On the far left, also note the chat button through which you may submit comments or if you have any technical issues. Additionally, you should note in the chat. A link should have been shared for Communication Access Realtime Translation or CART. Anyone wishing to join to access this during the session, do so now.

We are providing interpretation and would like to give a big thank you for those interpreters. And I would like to remind the group, if you unmute it speak, try and pace yourself as best you can so our interpreters can capture your full statements. If you are able to select your preferred language,

When the meeting first launched, you may have noticed an option to select your preferred language. If you were unable to do so at that time and wish to now, you may click the ⍰More⍰ icon at the top of your screen. and drop-down menu, "Language and speech" and "Interpret language." And you can listen to the webinar.

For those who wish to listen in other than English, placing the slider to the far right will mute the English speaker so only the translator is speaking in the language of your choice.

For those wishing to use team Sign Language mode. Click on the more icon on the top right of your screen, select settings from the drop down menu and click accessibility. Toggle on the Sign Language mode. And this should be spotlighted for you. I would like to join with the Tribal Land Acknowledgment. [Reading Land Acknowledgement]

I would like to take a moment for Tribal Land Acknowledgement. I am joining this webinar from Seattle on the ancestral, unceded lands of the tribes we know today as the Duwamish, Suquamish, and Muckleshoot. I honor and thank their ancestors and leaders who have been stewards of these lands, waters, and skies since time immemorial and continue to do so today. I acknowledge the history of

oppression experienced by native communities, and the continued institutional and systemic policies and practices that attempt to erase their histories, stories, and voices today. I recognize that this land acknowledgement is one small step toward true allyship and I commit to uplifting the voices, experiences, and histories of the Indigenous people of this land and beyond.

Moving on to the background on this project. To give a broader overview, the legislature assigned the task and what the creation of a health care entity registry would look like. This report is specifically to identify which health care entities should be determined as registrants.

These are to include, but are not limited to, licensed and unlicensed facilities, providers, provider groups, systems, carriers, and health care benefit managers. Also identifying what each registration would report, as well as the charge to entities that may disappear according to the registration and use.

I would like to call out here a specific requirement from the legislature this report is to consider. Specifically, the final plan and recommendations to consider the opportunities for state agencies to streamline reporting and share information one to the other and certified by state agency.

And strategies to fully understand the business structure, funding and contractual relationships in Washington and including status of direct or indirect, and affiliation between Health Care Entities and other entity organizations. Such as private equate that serves Washingtonians. Completely interact, monitoring changes in the health care and consolidation in it and access and affordability.

DHS was to develop plans and specifically the Health Care Authority, Governor's Office, Office of Financial Management, the Office of Insurance Commissioner and Office of Transparency.

In addition, there are several ongoing efforts that DOH is way that we'll be consulting with. The financial management state health plan, Washington alliance for health data exchange, and the Department of Health strategy and modernization.

>> And are rue, sorry to interrupt, a little slower.

>> ANDREW STRUSKA: I apologize. It is a bat habit I need to get out of. As you see here, these are the broad sources currently being considered for the plan and recommendations, these include, but are not limited to, resources from partner agencies, existing department resources, Federal resources and comparable work in other states.

We're making sure we seek feedback from all of the following groups listed on the slide, and want to reiterate that your input will inform future recommendations.

We do have a few more slides before we begin, but before doing so, I want to ask you to keep a few guidelines in mind. Please, be respectful of all participants and staff, use the "Raise hand" feature, and please state your name and organization. We ask that comments are limited to two minutes and are focused on the health care entity registry and related impacts. We may mute individuals who fail to follow the guidelines, and I would like to mention that we will not be responding to questions today, but are focused solely on gaining feedback. However, if you do have questions please do not hesitate to email myself again I will support getting you to the best DOH point of contact to address your questions or concerns.

We want to talk a little bit more about what things are considered in scope for this project. This include assessing entities for the health care registry. Which professions and facilities should be included? What the ideal inclusion and exclusion criteria should be for registrants, assessing existing data sources, identifying data gaps, as well as incorporation patient and customer perspectives.

Things out of scope would be the creating of an operational registry system. Procuring technology solutions as well as new data systems.

To help guide the discussion, a few examples that could be considered from the department to you are listed here, but we would like to remind you, these are just examples and not exhaustive. If you have other suggestions, please, feel free to provide those as well.

Those listed here being who should report? What data should be considered? And how should the recommendations account for health care system purchasing and consolidation?

Slides will be available. And I believe they were actually able to go up overnight to the landing website for the registration on the DOH site. We can always send those out if you would like it email us as well.

And just as a reminder, these are not exhaustive. Again, please, feel free to be encouraged to share any additional information or for identification back.

And to just sort of analyze a few of those questions a little bit more in depth, they provide a little bit more context or questions you can drill down into.

Here are a few other prompts to consider. Considering who should report for this registry, you may want to consider which licensed and unlicensed facilities? Which systems and carriers? Which providers and provider groups? Which health care management system?

Regarding what data should be considered. A few further prompts to be, what data is already reported to DOH or other state agencies? What data gaps currently exist? And how can currently corrected data be streamlined?

And finally, regarding how to best account for health system purchase and consolidation. What would be the information for monitoring market trends? What information should be considered regarding business structure and funding? And what would be the best source for health care, contractual relationships and owners?

So with all that said, we are now ready to begin our listening session, and we can start raising up our hands and then open up the floor.

>> We're getting comments that maybe the volume is a little bit low. I don't know, & Andrew, just speaking up a little bit more would help? I don't know if we have a volume meter on our end, so if you continuing to have trouble, put it in the chat. I apologize for that.

>> ANDREW STRUSKA: I am checking my audio sessions and I will speak up as well. And if that's continuing issue, I can adjust and maybe the laptop's internal mic works a little bit better.

>> We have a hand up. Zosia gid. I have to unmute you. There you go.

>> Thank you so much, I appreciate it. I am trying to speak slowly. Zosia -- Washington State Hospital Association. I appreciate you having these sessions.

My first question, I appreciate you with legislative questions, and from my point of view, these are very big questions and I appreciate you grappling with here, does the state have a Center for Answering questions or that you don't have an open position of what this looks like. Kind of where you are in your process?

>> ANDREW: Speaking from my perspective, I would say we're at a pretty broad perspective of where this report and the recommend decisions can go, but I will defer to any of my colleagues, if they have seen anything that disagrees with that. I think that's fair, Andrew and we're early in the process and maybe a little bit behind what we anticipated because of all of the budget things going on this summer,

we were a bit delayed getting this position hired. We don't have an idea where these answers should be. We're hoping we hear from you and hope to direct you're work and research as we dig into the issue in the coming months.

All righty, next, we have James. I am unmuting you now, James, you should be able to unmute yourself and speak.

>> JAMES: Hi, thank you. I am James Luis, the health care county department. Sort of a health perspective here.

Questions you are asking for feedback on. I know you said don't ask questions, but I am hoping again, some more background. And sorry if I missed that, what prompted this from the state legislature right now? You know, what was the motivation?

I look back at the slides and tried to remember what you said earlier, but I am not sure I totally captured that, and I that will help in the feedback more.

>> Corey. Thanks for that perspective. We can't provide any more than in the bill. There have been larger concerns from the legislature around kind of really understanding our health care landscape, and kind of what feeds to that, and the cost of the care in the state. I think we're all tied up in that, but I don't know if we can specifically tell you the legislative motivation for this bill.

>> JAMES: Okay. I see the link in the chat, and that leads to the law, and I will look at that as well.

My first suggestions as far as what to track. I think tracking who is accepting, you know, Medicaid, but always medically care. I believe there's Medicare not serving obese services, which is a problem in my opinion.

Also, if it is able to track down what service lines are for an entity, and also discontinued, we have been experiences service lines being continued and ties into overall health care and axis.

I don't know if you are planning to get into that level of detail, but I think it would be really useful from a health care perspective.

>> Thank you. Next, he we have Betty. You should be able to unmute.

>> Yes. Betty. Thank you. Hi, this is Betty McGuire from Providence Health on the Government Affairs Team. The one thing I would like to offer up is consideration of what control means as far as health systems and consolidation and affiliation. I think we want to be careful if a health care entity owns a small portion or stake in another health entity company, and for example, 1 medical. If we have that in the state, we don't have control over an entity. And don't have a say in how they operate and make business decisions and I think that distinction will be important as well.

There are existing it definitions, I believe, in our statute what constitutes control, and we have existing definitions we can work from. Thank you.

>> CORI: Thank you. Next, we have Sheri and I apologize if I am mispronouncing your name? It's showing you are muted on your end, Sheri.

>> Good morning. And it is Parozoli. Thank you for asking. I am the Director of the Washington State Association of America.

And I want to comment for our community, we're a community of individuals who had diminished hearing, and for whom accessing communication accessible health care is probably our number one charge.

So in terms of data, I think it would be very useful for our community to number one, by noticed and separated from individuals who may be culturally deaf and use American Sign Language for their

communication needs. Our community mostly realized hearing assistive technology, and CART captions and I am using the captions today on this particular meeting, so I just want to thank you for offering that.

But I just -- there's really no great system to make an appointment. It is always an extra step when you make an appointment to say, I kneeled communication access. I will need communication support. Most of the time that response is met with kind of like a dear in the headlights response, and our individuals are going through three or four extra steps in order to try to make that happen.

And so it would be really awesome, number 1 that you even have us noted in the system as requiring assistance outside of ASL. And also, you know, that you could -- we could find out what is available? Who has what, when and where?

That's a huge challenge.

>> You are past your 2 minute physician you could finish up in the next movement, please.

>> Thank you very much. And my other thing is, we did reinstate mid Cade for both adults and children in Washington State. We have a lot of inquiries how to access that. Even though you know there's some information available. Thank you very much for listening.

>> CORI: Thank you very much we appreciate you, Sharon.

I am not seeing any hand up at the mom. If anyone opportunities raise their hands, please, do so. I will note we have a couple of questions in the chat. I don't know we can necessarily answer, but I want to acknowledge we got those, and we'll look into that.

As far as the question of who is paying for the new 60s, I don't believe we are far enough into the process to know that yet.

We're here to gather feedback and we'll make recommendations to the legislature, and how things get funded will be sorted out at that point until we see the legislative text and know a little bit more detail about what the costs might actually be.

I am seeing a comment in the chat. Can you clarify what's meant by providers in the proposed registry? Is the intent to include all health care providers, provider organizations, behavioral health providers and facilities such as opioid treatment programs or certain category providers?

We would be interested to hear what you recommend as what provider should mean in this situation. We're very open to just hearing what folks think, you know, including which provider is included? Which facilities? All of that kind of information. That's exactly what we would love to hear from you and what we suggest to consider for these answers.

Looks like we have Katerina up next.

>> Thank you. Thank you, this is Katerina, Director of the Washington hospital state association. I don't know if you can answer this. If you can, that would be great.

Once you have more of a framework, are we going to have the opportunity to speak until you move on to more formal legislative answer.

>> Andrew, I think you would be better answering that than me.

>> ANDREW STRUSKA: Sure. I believe this this is the first listen session we're doing today and 9-11 through next week. This is to cast the first broad net, and as you can tell, we're looking to capture anything and everything as far as input goes.

Once we have that, to do additional Listening Session series, with a bit more direction and what we're looking at in terms of fiscal approaches, things like that. I do know that is intended to be a sort of

phased recommendations to the legislature with the first proposal going in December of '27. Back to them, and then the final one in November, 2028.

.

I believe we'll be able to comment on how things are evolving. I know we're you using fiscal as an example of a different series, but I think data resources is another one potentially to discuss, once we have a better idea what that looks like.

>> Thank you.

>> CORI: Next up, Gail. You should be able to unmute.

>> GAIL: I want to follow-up on Katerina's question. Part of it, will we have an opportunity to see drafts of what you are thinking? Right now, there's nothing in writing and it is great to listen to people getting all of this feedback, wonderful.

What's super helpful for stakeholders, to be able to see the report as it moves along. And as you develop key concepts.

I guess my follow-up question to Katerina's is, how will you be sharing -- and maybe it is to be determined -- how will you be sharing information as you go along on the department's thinking so stakeholders have an opportunity to communicate on that. Thanks.

>> CORI TARZWELL: Thanks, Gail. Looking at more sessions like this where we present concepts for feedback.

The process for getting the actual draft reviewed and available to put out is quite lengthy. I think the way we typically share that information is not like the full draft of the report, but welcome to the concepts and present them to you in a setting like this.

>> All I want to be sure is there is meaningful opportunity for stakeholder input. I think that's what all stakeholder stake want. And in a meeting like this, it is so upended, and why you are not getting so many comments. If you would take a look at that, awesome. Thank you.

>> CORI TARZWELL: Would your parentheses to be have additional meetings like this where we discuss concepts or advocating your parentheses would be to review a full draft.

>> GAIL: I certainly would not speak to the whole group. Talking about concepts is great. At some point you will come across concepts and you will begin to write.

I want to make sure that stakeholders have an opportunity to review what you are thinking about. It is in those times people can give you feedback. And people go, oh. You need to think about this.

I think stakeholder input is incredibly important, however you can maximize that, it would be great. Thanks.

>> CORI: Thank you Gail, and thinking about the timeline and where it fits, but definitely making sure we're providing ample opportunities to give us more input.

>> GAIL: Thanks so much.

>> CORI TARZWELL: While waiting for other hands to go up. A couple of comments in the chat. Please make sure ow DOH address data and other information that's sensitive information. Related to lines, information, et cetera.

Also, for DOH to consider existing data and data sources before asking resources to provide duplicative or accessible information.

Another communicate. In providing UNIX providers for moderation, the scope also capitalize management and who control sources and not manage clinical care.

There could be [ ] some entities may play a significant role in the ownership, financing or management and providers without themselves managing services.

Whether a technically a provider, it may be useful for capturing information in a community's role for financial management for control or clinical management.

This can provide a more complete picture and help relationships that otherwise be missed.

Thank you all for those questions in the chat. I am not seeing any hands raise the at the moment. We'll give it a couple of minutes.

It looks like we have Brianna first. I apologize. Bri or brie, sorry if I get ta wrong. We're showing you are muted on your end.

There should be an option for you to unmute along the top of your screen, usually in the upper right-hand corner.

Oh. Okay. Brianna is having trouble here. I will disable mic and give it back and it should ask you if you want it unmute. How about now? Hmm... all right. Alonso can you tray try and help Brianna figure it out.

Leave and come back might solve the problem for you. Give it a shot and we'll wait for you to return. Go ahead, Zosia.

>> ZOS IA: I want to be respectful, and if I exceed the 2 minutes. Z I pick up on Gail's points, and I know you have a big mandate and we questions and I know you have plans for next week and going forward. And one area to focus on questions, about who is the healthcare entity or how do you address a private equity focus. And some of these maybe be more focused and I think these are big, meaty questions and it is an ocean to boil, and it might be good to establish more specific questions.

>> CORI: Thank you, Zosia, you I like the unless. We will have a meeting and we can what we can focus on after getting feedback.

Question in the chat. Please consider funded mandates stressed to agencies.

Give us a little bit of time. I am hoping Brianna -- okay. Let's see the can you raise your hand again, Brianna. So I can unmute you. Give it a shot now.

>> BRIANNA: Hi, can everybody hear necessity?

>> Yes.

>> My name is RHNA Ch, and a hospital in sunny side Washington and work in the city of Washington as a research audiologist. I do a few things in the state.

Thinking about this topic, it is really interesting to me because this will help a lot of health care outcomes.

The first prompt, who should report when I see these things? I don't think it should be just put on the provides, but perhaps their assistance, things like that. I already report to the national hearing [ ] and retention, database. Sometimes my ace ant has access to that and she can see my reports for the patients. A very valuable tool.

Thinking about who is reporting these outcomes, not jut put it on the providers, but a task force and who is helping them by successful with the patients?

I also bring that up. I think --

[Audio cutting out] I.

I can speak to the hearing loss side of things and collaborative data and outcomes. It can be really helpful.

I think Terry with HRA talking about communication access and not jut what language someone speaks but additional resources whether a health care advocate, a guardian, or, you know, other people helping to make their medical positions. I don't know if we do a great job tracking that now. Those are a few things that accommodation my mind when thinking about these topics, so yeah.

>> CORI TARZWELL: There's a question if you can put the name of the database in the chat. I think they are asking about the Eddie database that you mentioned.

All righty. I'm not seeing any other hands up in the movement. If there's anyone who would like to share, please, raise your hand.

>> I wonder if it could be helpful to move to some of the other slides and spend a little bit of time on each of the slides and say, have a much broader question.

>> ANDREW STRUSKA: We can definitely do that just to reiterate, here are examples of questioning who should report for the registry.

And additionally, what data should be included and asked of registrants? And also, broader questions regarding health purchasing and consolidation.

I'm not seeing any more hands, but I see a few more comments.

>> CORI TARZWELL: I think we're getting more questions, and we'll take these down for consideration. "How will the registry be shared?" I don't know if we have the answer to that yet. We need to figure out what information we're gathering before which can figure out what data system would need to look like, and that would inform how that can be shared.

I think we have a few more steps before we can answer that one.

The next question, "How timely will this data be annually?" Andrew, that's part of the question. Again, I don't have an answer to that yet. But it can be a part of what we can consider for the recommendations we're putting forward. If there's a particular timeline that you would suggest would be best, we would love to hear that.

Yes, Brianna. Go ahead.

>> I am speaking more of my experience in audiologist, if this is audiologist-specific, please ignore this. When working for a number of different nonprofit, large hospitals, different scenarios. I have found different clinics, how it might be in that work and insurance. They may put their own policies and protocols in place to help negate the number of patients being seen with particular insurances.

So I think that's something that would be helpful to capture, but the data can show, oh. There are all these providers for Medicaid insurance in Molina, and maybe online see one patient a month with Molina insurance.

And help with monitoring and getting access and the components for tracking those things. I don't know you can track. How many patients can you see with this insurance. Like those details and I imagine clinics don't necessarily want to share that information.

I did think that will be really important if monitoring trends, business structure, funding, and how that impacts care being provided and outcomes, too.

>> CORI: Thank you. We have a couple more comments in the chat.

It would be helpful to define the goals in the industry and intended audiences. Like the public, researches and state agencies. I am hold, I love how you target the info and negates what would be run.

Let's see if there are any other -- okay. Anybody else who would like to share?

We have a question, "Are there any other states that have a health registry that Washington is looking at?

I am not aware of any health care registries, but Andrew, if you have any info on that, we can look into it.

>> ANDREW STRUSKA: Nothing in particular, we have some, just kind of -- because the legislature asked broadly, and we look at how broad will you other states handle ridges relation.

I don't think we have anything that's quite so comprehensive in the ask just yet, but we're considering and looking and would be open to any pointing in the right direction if anyone knows of such a comprehensive system. Betty, go ahead.

>> Betty: Thank you. A couple of other points we should be looking at the. My first comment is, in the definition of sites of care, and I want to mention that they are not health care entities themselves and that would be an exorbitant amount. And I want to caution that.

And who should be reporting along with hospitals paired with insurance, or other provider groups -- sorry. What am I trying to say? Who also provide sites of care, should be subject to reporting as well.

I know their systems also are complexed with health care benefit managers and pharmacy as well.

>> CORI TARZWELL: Massachusetts health care might be a model for us to look at. Thank you, for sharing that in the chat.

Anyone else who would like to ask a question or put their hand up or put it in the chat. More comments. Massachusetts has a lot of data and significant funding to support the work.

And yes, the funding question is one that DOH needs to grapple with. Certainly it will be a challenging question we'll have to contend with in this system.

>> CORI TARZWELL: We're getting more resources in the chat. If you can think of anything after the session, we'll provide an email, and we can get information we can share. Bryanna, gid.

>> Brianna: Maybe use the public mid records and perhaps pull some of it from this. And we can use -- a lot of large hospitals use epic, and to get information that way, can maybe help alleviate cost and time and also assistance, and admin if there's a way of pulling that data automatically, even using AI. And lots of hospitals have their own data analysis systems with epic. And looking into that may get us more affordable data and information.

>> CORI TARZWELL: Thank you. We'll check that out. Gale.

>> Gail: I want to point out, and you already know this. Within the legislation, the plan and recommendations must identify, and one of them is, the fee to be charged to the registering entities, which may be tiered to the important pros.

From those coming from helms, I wanted to highlight that. To my, I read this, and maybe I am missing something. Sometimes the expectations is the [ ] is going to fund it. Please, correct me if I am wrong.

>> CORI TARZWELL: These are the recommendations in the report, considerations for how it is funded.

I think broadly speaking, the legislation has been going towards fee-funded activities because the gin fund outlook is a little bit of a challenge right now.

I do think that is at least partial intent, and again, we'll figure it out in a little bit more detail, as we get a little more understanding and get our arms around the information and kind of what this system will contain.

>> I just wanted to make sure people, the language that's in the legislation.

>> CORI TARZWELL: Thank you, Gail. I see people having trouble getting logged on. We're just taking feedback right now, so if there are any comments you have, Andrew, if maybe we go back to the first slide we were looking at and slowly progress them Ford so people can sigh, and maybe in the next couple of minutes to the next slide.

We're looking for any feedback, who should report and all of the things Andrew is sharing on the screen. If there's something you would like to contribute, please, raise your hand. Betty, go ahead -- sorry. Betty, now you can go ahead.

>> Thank you. After dealing with helms and no longer have a senior license because my license went up $800 a year. Some of the mandates are killing the profession.

The targeted information we spent years gathering that data, where is it? When the system gets up and going, what will happen to the data when something new and shiny comes along?

>> CORI TARZWELL: Thank you for that. We'll add that to the list of things to consider. Thank you.

It is just -- getting some support in the chat for similar situations for other professions.

Adam briefly had a hand up. Did you want to share? Okay. I am guessing that was a mis-raise --

>> No. I didn't raise it. Thank you, though.

>> CORI TARZWELL: Sorry. It is probably a glitch on my and.

Another communicates in the chat regarding financial data. If it and up being the registry, and beings anal to share information when it comes to time will you reporting, information, bond, firing, data.

That's a good thing to be aware of. For those who joined late, I will share, the slides are online. And I put them in the chat. And the slides have contact information for our Program Manager, Andrew. If you have questions or comments you would like to share after the meeting, please, feel free to do to.

Another question. In common language what are they [ ].

We can't speak to legislature intent, but the legislature work with other state agencies and interested parties to come up with recommendations for what a Health Care Entity Registry would look like? The props Andrew is looking through on the screen, and we pulled from that registry and asked to provide recommendations on.

We have one other comment in the chat, individual organizations and administrative overhead, we're large and small organizations, paying for it to be built and maintained and then building ways to provide additional reporting should be considered. Would anything be removed from our obligations?

Thank you for that comment. Consider it and move forward into the development phase. Zosia, go ahead.

>> Thank you. Hospital Association. I have been typing things in the chat. I want to pick up on the question asked earlier. Are there other states that have done this previously? And always good to be the first mover.

The Massachusetts model. Massachusetts has really great data and impressive reports, and I believe they have an entire agency whose royal is data analysis and reporting.

To pick up other comments about cost, and I appreciate we spend time there, but from the provider perspective, something to be looking at. And it will require significant funding and on foot point about how other things, if it is an interactive database hosted by the state.

The data itself is always a questionable consideration, what's in and what's out? And also to the points that are being made, how will the department -- does the department have the capacity to stand up in interactive. Real time, significant database, and what would that lift look like for the state? I appreciate you all bringing up those issues.

>> CORI TARZWELL: Thank you. Zosia. Is there anyone else who would like to share?

>> ANDREW: All right. We can hang on here for -- oop. Looks like a communicate.

>> CORI TARZWELL: A couple more comments. H R1 will severely impact revenue. I am not sure how smaller entities, provider groups, health centers will be able to absorb additional r- additional expand tours for this,.

North comment. I want to know what the benefit will be to a provider regarding fees they may be mandated to fund. And the mental health field and substance disorders looking people to disease.

Maybe we'll note. For those who are interested in fees, I will get another link and put it in the chat for you, but just for awareness, the department is working on a separate project referring to licensing fees. Those of you who are interested can get looped into that work as well.

James, you are up next and should be able to unmute.

>> JAMES: Hi. Thanks, county Health Department. And I know there's a lot of comments on the costs associated. I would say, and I think you mentioned there will potentially be -- sliding scale, what I interpreted. There might be a sliding scale based on the size of the organization and I think it makes a lot of sense.

I would say consider that. And I wonder, too, I mean, I guess depending on what the ultimate goal of this is, and might be -- still a little bit fuzzy for me. But the ultimate goal, seems to be primarily targeted at characterization the consolidation of medical providers in the state. Maybe some folks are mostly exempt and only have to provide very small amounts of information if a very small size.

Maybe truncated and data set and truncated requirements and it doesn't seem [ ] so far, and characterizing it further, but we may want to know the sector is changing in size. I would say keep a pretty broad list of providers and fees associate it was well. With what needs to be shared. And it seems like you are trying to accomplish this with us, but not you, but the legislature trying to accomplish this.

>> CORI TARZWELL: I see agreement and for the goal, and it's a little fuzzy for us, and we're trying to figure out and how to best develop a response to what the legislature has asked for. I appreciate that feedback, and we'll see if we can tune things a little bit as we're seeing throughout the process.

I will call one more time for anybody who would like to raise their hands. Or feel free to put comments in the chat. Yes, Brianna. Go ahead.

>> BRIANNA: When at my clinical work and a lot of patients doesn't show up, things like that. And I think that's something else to track and monitor with this type of registry.

We want to look at health outcomes, about you we need to know if health outcomes are not there, maybe it is not provided or is it related to maybe the patient not showing up?

A lot of times I see that with Medicaid, and people don't show up to their appointments and I think it would be very worthwhile to capitalize that information.

>> CORI TARZWELL: James.

>> JAMES: I think that's good to capture as well. And I think that's an issue and probably has more to do with health concerns and missing work, which is required now for people who have medical Medicaid and can be problematic and most health organizations are not open outside of normal business

hours, and can be challenging for self-appointments and if we did track that, I think we should be monitoring the patient data showing up whether or not they show up.

>> CORI TARZWELL: Thank you for that suggestion.

All right. Anyone else? Yes? Looks like Jing Ping. You should be able to unmute yourself and I am very sorry if I pronounced.

>> My name is Jing Ping, quality assurance in [ ]. Suggested. Every year we collect data from [ ] to cost growth of large organizations.

We're interested in only broad provider organizations, such as, like, the health system, but we don't know, like, what kind of hospitals or clinics are affiliated with the health system, which we cannot -- this kind of information we cannot get from the [ ] data.

All plans [ ] data. We can use the registry so we can capture the large provider organizations in this state, and we can obviously attribute the cost to large players in the market. Thank you.

>> CORI TARZWELL: Thank you. All right. Is there anyone else who would like to share? Another communicate in the chat. We hear larger actions only taking in [ ]. And that is something particularly related to follow-up hospitalization. Thank you for that.

And then comment. Following up on that point. Making sure the data set created is linked to the all players claims database, would be important to make sure the systems work in synergy.

I appreciate those thoughts. Thank you for sharing. James, go ahead.

>> JAMES: I just wanted to follow-up. James Luis, health officer. I really like the potentially integrating all players database in this. I think if you did that, you would need to some way mandate who is responsible for reporting health care claims. Using in King County, and using the disease surveil for some time and getting involved for the last few years.

Only Medicaid and medical provider database, and right now, it is option for four private health insurance, and if we need to look at that synergistically. And we have to look at the nondata pairs.

>> CORI TARZWELL: One other question related to the questions on the slide.

What are the actual services being provided? It can be difficult to determine the actual program and services offered, versus what's licensed. Thank you for sharing Geoff. If anyone is interested, Katerina his shared the link to the bill itself, and Section 1 does share general intent language from the legislature. Thank you for putting that in the chat, Katerina.

Another communication in the chat. One of the issues was target decisions were made based on that IFO that was complete. I apologize, I don't know what IFO stands for. If you put it in the chat that would help us. Betty, go ahead. Hand went back down, so I am guessing that was a miss raise. Oh. Yeah. Go ahead, Betty. Sorry. Go ahead.

>> BETTY: All of the information from target was based on Medicaid, not the entire spectrum. So the information is not complete, and based on that, are they going do the same with this new program?

>> CORI TARZWELL: Thank you for that. We'll definitely take that into consideration when making recommendations to the legislature.

Brianna.

>> A lot of the questions targeted to health and what providers are doing. I think it might be people to see what are they not doing and why? Like, why don't they work with Medicaid, or have a contractual relationship with this entity? Why is there limited access to health care, or more into the deeper questions?

>> CORI TARZWELL: Thank you. It looks like in the chat, folks are working a little trying to copy intent and language from the legislature, if that's something you are interested in, folks.

Yeah, Betty, go ahead.

>> BETTY: Target was a 15-page database that the state had, and it was added to the assessment you were doing, for those who have Medicaid. It was awesome. It was demographics and could look at that. I gather a lot of people didn't.

>> CORI TARZWELL: Thank you for answering the question. We had a lot of people in the chat wondering what that was. We appreciate that. Who else would like to raise their hand?

I'm not seeing any other hands, Andrew, so I think you can go ahead.

>> ANDREW STRUSKA: Okay. Fair enough. Absent any other input from anyone. As always, if you think of anything in between now and additional Listening Sessions, please, feel free to email anything you can think of.

Barring that, we do want to thank you for all of your time again. We really appreciate it. And I see the communicate in the chat asking about my email. We'll share that out. It will be in one of the upcoming slides, just as we close out and I see Cori is quicker on the draw than I am. For anyone who can see the meeting later, the PowerPoint slides will be on the landing page and also my email address should be up there as well. Just generally, if not, we can get that added.

Yeah. Thank you, all, so much, again. We really appreciate it. Anything and everything that can be given to us and in sight is very much appreciated.

So with that, I do want to give a little bit more information regarding next steps.

Moving forward, DOH staff, including myself, will be reviewing all feedback from this Listening Session and others, as well as, written comments. We'll conduct additional analysis as needed, and develop potential recommendations, additional engagements me occur as additional sessions are developed. A progress report is to be presented in December next year, 2027, and following year November, 2028.

We do have some additional listening sessions and links which you are welcome to share with others as well as tend yourself. You see all of these dates here, scheduled for next week with the next one Tuesday afternoon. Those should be available directly to register on the website as well. So you don't have to open up the whole PowerPoint presentation to get there, too.

And just to reiterate, my name is Andrew Struska, I am the Program Manager for the Health Care Entity Registry, and if for HSQA. If you have any additional questions, please reach it out me.

One last time, just want to if you for attending and also our interpreters and thank you so much it for your patience with my conned door. Oh, I see one more question.

>> Hi. This is Katerina, Washington hospital state. Comments, when would you like comments?

I believe the website or initial email that went outside something along the lines, giving a specific date in September or late September.

>> I am sorry I missed that.

>> ANDREW STRUSKA: No. No. I think as broad as this discussion has been, it shouldn't be an issue reaching out to me at any time in the near future as things occur to you.

>> Thank you.

>> ANDREW STRUSKA: Yeah. With that, thank you, again. We appreciate all of your time and commitment. Have a great rest of your day! Take care, and we look forward to seeing those of you who will be at the rest of the sessions. Thank you. Have a good one.
[End of meeting 2:17 p.m. ET]