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Health Care Entity Registry - Listening Session #3
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>> We are at the 10:00 mark. We can go ahead and get started. Good morning. Thank you all for being here. My name is Andrew Struska, and I appreciate you all of you joining us for our listening session, health care entity registry register. I'm here to share some information regarding its associated legislative report and more specific, receive your feedback. Additionally, I will be having some support today from Cori, who will be helping me manage the chat and people who wish to speak. So I'd like to take a second to let her introduce herself as well.

>> Cori: Good morning, everyone. I'm the legislative affairs manager for health systems quality assurance. And as Andrew said, I'll just be providing some support. So if you have any questions or need any assistance, Alonzo and I are watching the chat and will be there to help.

>> All right, then. With that, before we begin, we do have a few housekeeping items regarding the Teams webinar being used today. Today's session will be recorded for transparency and to ensure everyone's feedback is accurate captured and nobody's input is lost. By remaining in this session, you are consenting it to be recorded.

Today, we'll start with a bit of background as well as a quick walk through review of the health care entity registry, go through some of the agencies the Department of Health will be partners for the project as well as resources being reviewed and then move into our listening session for your feedback.

Some additional housekeeping items. We wanted to provide some basic instructions on how to interact with Teams. You should see a control panel along the top of your screen. On the far right of this panel, you should note buttons to mute and unmute yourself. This button should currently be inactive. But if you would please use the raise hand function towards the center of your panel when you would like to speak, once we call on you to do so momentarily, we may unmute that for you.

On the far left, you will also note the chat button through which you may submit comments or let us know if you are having any technical issues. Additionally, you may note in the chat currently a link has been shared for communication access realtime translation, or CART. Anyone wishing to use this feature for the session may click the link to do so now.

We are also providing ASL and Spanish translation for this meeting. I would like to give a big thank you to those interpreters today. I'm currently trying my best to do so as well, but to remind the group, when you unmute and speak, please try to pace yourself as best as you can so our interpreters can capture your full statements.

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. From the resulting drop down menu you may click interpretation language. You may select the language you prefer to listen to the webinar in.

For those listening to the webinar other than English, the original audio may be muted or overlaid with the translated audio. Move the slider. The far right will mute the English to only hear the translator of your choice. To use Teams sign language mode, use More, select settings from the drop down menu and click accessibility. From there click the sign language switch to on and select the option. ASL translators will be automatically spotlighted for you. I also want to take a moment for tribal land acknowledgement. I am joining this webinar from Seattle on the ancestral unceded lands from the tribal lands. 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 discuss some background on this project. To give a broad overview, the legislature assigned the Department of Health in developing plans and recommendations of what a health care entity registry would look like. Part of this 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. In addition, the report must also identify the information each registrant would report as well as evaluate the fee to be charged to the registering entities which may be tiered in order to support the registry's creation and use.

Additionally, your feedback today will inform and shape this report takes as well as future recommendations. I'd like to call out here specific requirements from the legislature that this report is to consider specifically the final plan and recommendations are to consider opportunities for state agencies to streamline reporting and share information between one another for health care entities and providers licensed or certified by a state agency.

The second consideration required is for strategies to fully understand and monitor the business structure, funding, and contractual relationships of health care entities in Washington, including the current status and future changes in direct or indirect ownership, control, or affiliation between health care entities and other entities and organizations, such as private equity investment that serve Washingtonians.

The intended goal of these considerations is to create a registry that is complete and interactive, monitors changes in the health care landscape to better understand market consolidation within it and ultimately improve access and affordability.

I'd also like to note that DOH was directed to consult with several offices within the state to develop its plan and recommendations. Specifically, DOH was instructed to collaborate with the health care authority, the governor's office, the office of financial management, the office of the insurance commissioner, and the health care cost transparency board.

In addition to these partners, there are several ongoing initiatives and efforts that DOH is aware of that we will be consulting with. These include the office of financial management's state health plan, the Washington alliance for health data exchange, and the department of health data strategy and modernization. These are the broad sources of potential data currently being considered for the planned

recommendations. These include but are not limited to resources from partnering agencies, existing department resources, federal resources, and comparable work in other states.

With all of that said, there are a lot of moving pieces that we just reviewed, and we'd like to do a quick summary that gives an overview of the legislation in one place, just to frame what is being asked for in the recommendation. The legislature's intent as described in the report's creation states its goal to be establishing a complete and interactive registry to monitor and measure changes in the health care landscape in order to better understand trends in health care market consolidation with the goal of improving access and affordability. At this early stage, the department is looking broadly at the needs of such a plan. One starting place being who would report to the registry potentially from the groups listed here. And from those groups, who would be determined to be included or excluded from registration?

Other considerations include what specific data is needed for creation, as well as what needs to be known to accurately understand the consolidation and market trends through things like business structure, funding, and contracts. We are also broadly considering what data is already available, where it is reported, any gaps in that coverage that exists, and suggestions on how to streamline any existing reporting.

As this report is in the early stages of determining those excluded and included as registrants along with determining collective data, fees were not considered a primary focus for these specific listening sessions. Rather, they will likely be the focus of their own dedicated sessions once at least a draft of who reports and what data already exists is created and more focused feedback can be sought and contacts provided by the department.

While not a focus for these specific current sessions, fees are a key component under consideration as part of the legislative proposal. Main considerations by the department regarding fees will be their amounts and accurately determining them for registrants as well as what approaches other states have used to fund similar efforts.

We do have a few more slides before we begin. But before doing so, I just wanted to ask you to keep a few guidelines in mind. Please be respectful of all participants and staff. Please use the raise hand feature if you would like to speak and please state your name and organization if applicable when beginning to speak.

We ask that comments are limited to two minutes and are focused on the health care entity registry and related impacts. We may mute or remove individuals who fail to follow these guidelines. I will also note that we will not be responding to questions today and are focused solely on gaining feedback. However, if you do have questions, please do not hesitate to e mail myself, and I will support getting you to the best DOH point of contact to address your questions or concerns.

Before we begin, we do want to talk a little bit more about what things are considered in scope for this project. Those things would include assessing health care entities, which professions and facilities should be included, what the ideal inclusion and exclusion criteria would be for registrants, accessing existing data sources and identifying data gaps as well as incorporating patient and customer perspectives. Things that would be considered out of scope would be the creation of an operational registry system, procurement of new technology solutions, as well as preparing new procuring new data systems. I will note again, if you do have specific questions, please feel free to e mail them to me and I'll do my best to get them to the person to handle them in a timely fashion. To help guide questions, a few examples are listed here. Questions DOH would like to see your input on could potentially include who should report,

what data should be considered, and how should the recommendations account for health system purchasing and consolidation. These are by no means exhaustive, so please feel free, encourage to share any additional information that you may have.
To provide a starting point to just consider a bit deeper the questions on the previous slide, here are a few further prompts worth considering. Though, please do not feel limited to what's currently on the screen. This is your time, so anything that is front of mind and within the scope of this report, please feel free to comment on. And with all of that said, we are now ready to begin our listening session.
So if you can raise your hand, we will begin comments shortly.
>> Thanks, Andrew. While we're waiting for hands to go up, we do have a comment in the chat asking what existing databases can you use to reduce administrative and financial burden to small, privately owned local clinics? And will you make private equity funded organizations and larger organizations carry the bulk of the fees and have locally owned provider clinics be free? I believe we do not have answers to those questions at this time. But that is exactly the stuff we're looking for feedback on. So we will definitely make note of those comments. But if you have any suggestions for, you know, databases or ways we can reduce that administrative or financial burden or other thoughts on distributing the fees of potential fees more equitably, that is information we'd be happy to hear from you.
And again, if there's anybody who would like to share, please go ahead and raise your hand, and I will enable your mike rub phone. All right. It looks like first up, we have Jeff. Jeff, you should be able to unmute yourself.
>> Jeff: Good morning. Thanks for the opportunity. I'm still a little confused on the intent of the registry. I assume the legislature has there's things that they're trying to address, a problem they're trying to solve. If it's private equity, there are filing requirements for larger health care systems with the attorney general office if they're considering consolidation or acquisitions. So I'm still a little unclear on what's trying to be resolved with this so that I can ask questions with what you will put together for the problem you're trying to solve. Can you give us a little bit more of the insight of what was the issue that this will address? Because then maybe we can ask questions that will help inform the information that you do collect because I think everybody would be concerned about sharing a lot of information that doesn't go anywhere or doesn't serve a purpose. Thanks.
>> Thank you. I'm putting the link to the bill in the chat. And the first section of the bill is kind of the legislative intent section. So if you read through that, that may help kind of figure out exactly what the legislative intent is. And Andrew, I don't know if maybe we can go to the slide where you had that intent listed? Maybe that would be helpful to put back up for folks to look at. And while you're navigating to that, it looks like our next person is Elizabeth. And you should be able to unmute yourself now, Elizabeth. I'm showing that you're still muted on your end, Elizabeth.
Sometimes it's a little weird so I'm going to disable your microphone and re enable it. Yes, let's try this. We had this issue a couple of times. I'm re enabling your microphone. Can you unmute now? Hmm in previous
>> I think I'm successful.
>> Yes, we can hear you now.
>> Hi, I'm Elizabeth. I own a private practice, a physical therapy clinic. And I am representative on the ( ) county business and commerce committee, so I'm quite keen on the impact of that this could have on local economic development. I share the question that Jeff shared earlier because as a small privately

owned local business, the administrative load of the administrative load for compliance is real. And the impact that like, if this is legislated and we have absolutely no choice about it, which is what I'm hearing, that the local databases the databases that might be available are like the database that Jeff mentioned with regard to some of the private equity registrations and business registrations. I certainly don't want to speak for him. I don't know if he is [chuckling]. But I thought he brought up a really good point. Insulting local providers who are local economic engines for each of our community, insulting us from unnecessary fees and administrative burden, I cannot emphasize that enough because this one quote, simple, unquote, registration added to 10b 20, 30 different compliance steps, and that is what slowly leeches away any remaining profit margins in local providers. And so my ask is that you would absolutely consider fee structures and administrative burden to nourish the growth of local provider groups who keep our economic development in our communities. We know private equity happens. We know there are large nonprofit health care organizations. They have the bandwidth and staffing to carry a heavier load. And also, their reimbursement is larger so they can carry the fees. So my recommendation would be to truly consider your ability to protect local provider groups and economic development from unnecessary administrative and financial burdens. Thank you very much for listening.

>> Thank you for the feedback. And just so everybody knows, Tiffany did paste the purpose statement into the chat. So that should be available for everybody. So Andrew if we want to go back to some of the prompts, I think that would be good. And just noting that we're seeing some agreement with Elizabeth's comments in the chat. And some comments that it's still not clear what information we're supposed to provide and the motivation for this and who needs the greater affordability. Unfortunately, we can't give any more intent details than what the legislature provided in the first section of the legislation. So that's about as much detail that we can provide for the motivation. But we will absolutely take the affordability question into consideration as we try and work through what our recommendations will be.

And it looks like next, we have Emily. Emily, you should be able to unmute yourself now.

>> Emily: Thank you so much. This is Emily Bryce from Northwest health care advocates. I'm speaking as a representative of ( ) a movement that has consumer groups, labor groups in a shared effort to tackle the rise of health care prices for Washingtonians. I appreciate previous commenters, wondering about the genesis of the bill. Certainly can't speak for legislators but I can speak from a patient and consumer perspective. One of the reasons why this effort and bill is so important is that unrestrained health care cost are generating an affordability crisis across Washington. And I heard the comments about the potential burden on independent providers and note that as an important consideration. But what we're seeing is that two in three Washingtonians surveyed went without the care that they needed last year solely due to cost. We have a crisis in patient perspective as well in terms of cost. And health care entity solution is a major driver of cost. That's virtually unquestioned in the economic literature at this point without improving quality. We know that consolidation is leading to patient access concerns in many areas of the state. In rural areas we'll seeing fewer independent providers or facilities at all. So we share some concerns with the previous commenters. State agency reports that have studies the issues for a number of years since dating back to 2010 have identified that the Department of Health and other entities across state government can't get a handle of these challenges because the state does not have a full view into the health entity landscape in Washington. While of course many agencies are subject to the regulation of the Department of Health and licensing from Department of Health, there are many new types of entities that are emerged in the modern health care landscape that are not regulated or licensed

whatsoever. And that hampers the ability of the state to really understand what's happening to monitor this consolidation and look for ways to protect independent providers from that consolidation to maintain affordability and access for patients in Washington.
>> Emily? I'm sorry to interrupt but you've run over your two minutes so if you can wrap up what you wanted to share.
>> Thank you. That's perfect. I actually have written comments and I will submit those with some particular recommendations but just wanted to share a little bit in response to the comments to date. Thanks.
>> Thank you, Emily. We look forward to getting those written comments from you. There's a question in the chat: Will this include veterinary practices? I think that's again what we're kind of here to discuss and get some recommendations on, what facilities, what providers that kind of who and what should be included is what we're looking for recommendations on. So if you have a specific position on veterinary practices, we'd be happy to hear it. And we have a question as well about what information is collected and becomes public. Again, we are not even sure what information should be collected yet. So that is what we're trying to seek feedback on. And if you're raising the concern that we should take care for what information may or may not be made public from this, that is absolutely something that we will consider as we make recommendations here. But we'd be glad to hear any feedback you have on that front.
And if anybody else would like to share, please raise your hand, and I will enable your microphone.
So a few more questions in the chat. Is this more of an attempt to eliminate the monopolistic behavior of the bigger entities? I think in the intent section of the bill, they do talk a little bit about the market consolidation and concerns around that. So I think that is some of the intent here. And then we have another question: What is the proposed timeline for implementation of this? Does this process require development of WACs? As far as timeline, I don't think we know that yet. All we are doing at this point is gathering information, and then we'll make recommendations to the legislature. And it will require further legislative action. So we really can't say when this would actually be implemented because it's very dependent upon the legislature choosing to move forward with recommendations, being able to pass those, and then of course the department getting instruction and resources to be able to actually implement. I don't think we can provide implementation timeline at this point. And then would the process require development of WACs? I think that is likely, but again, we need to see the actual legislation that is moved forward with after the recommendation is made. It's likely, but we won't know until we see the actual direction we get in passed legislation.
And then another question in the chat is: How will this delay opening of a primary care office? Again, I don't know if we know how this is going to operate at all, so we can't necessarily anticipate what the impacts of the system might be. So we can certainly add that to our list of things to consider as we are discussing recommendations. And we do have another hand up. So it looks like Sonia is up next. You should be able to unmute yourself.
>> Hi, there. Yeah. I'm just going to echo a few of the other comments and kind of take off from that. It's hard to make comments that feel pertinent when the landscape is a little built unclear as to where you're headed. But if I'm hearing it right, it looks like one of the big pushes is to prevent consolidation, protect smaller entities. And I think, you know, with the interest of being able to provide greater opportunities for care. And I think really, at the baseline, the idea of more reporting just directly goes against that whole concept. More reporting, whatever the scale is which we don't know, but it's going to require more time

and money. And that takes away time for providers to actually care for patients and the funding to do so. Along those lines, I guess I would add I'm at a critical access hospital. One of the things, if you're really looking at, you know, from the reimbursement side, one of the things that drives our cost up in terms of time and money is the pushback from insurers paying what they say they're going to pay. If they're reporting it might have something to do with looking at trying to clear up some of those road blocks with the insurers.

My other big concern with the increase of reporting, whatever kind of reporting it is would be patient confidentiality and privacy of information because the more reporting we get out there, the more risk there is that people are just having their information released that they have no wish to release or have shared in any way, shape, or form. And we see that a lot in different ways. But patient privacy really needs to be at the forefront of this kind of reporting because well, this kind of reporting, again, I don't know exactly what the reporting is, but please keep in mind the idea of patient confidentiality and just the wishes of patients to have their information remain private.

And along those lines, would there be a way to opt out? If you're talking about direct patient information, building in something that would allow patients or facilities to opt out if the patient base is not willing to participate. Thank you.

>> Thank you, Sonia. I'm seeing a few more comments in the chat. I am an individual provider/care giver. Will I be responsible to pay for this registry out of pocket as well or would CDWA be responsible as my employer? Again, those are questions that we're seeking feedback on right now. We don't know how the system will be funded. That is something we can make recommendations on but would also ultimately be the legislature's decision, how to fund this registry if it does come to fruition.

And then a comment that I don't believe there's any legislated intent to ingest patient level data in this database. Thank you for that.

And then we have another comment. We own a small family owned single doctor veterinary practice. Additional red tape and fees are not something we look forward to with very limited time and financial resources. However, veterinary medicine is plagued with private equity buying practices and closing them when they're no longer profitable, leaving many in our field without jobs. We have additional issues with pharmacy corporations undercutting our prices because they can buy in bulk. In our town, we are one of three privately owned practices among many corporately owned. And they shared some resources to for more information. Thank you for that information. We will take that back as we're working on recommendations.

And while I wait to see if any more hands or comments come in, do we maybe want to share some of the other prompts that we have to thoughts flowing?

>> Absolutely.

>> Thanks, Andrew. And then we do have a comment in the chat. Please keep in mind how we can avoid duplicative reporting for information already submitted through existing state regulatory processes. And then we do have a few more hands up. So next, we have Michael. Michael, you should be able to unmute now.

>> Michael: Hello, do you hear me?

>> Yes, we can hear you.

>> Thank you very much. I'm also a physical therapist. I work in PMW and Yakima. Mainly at private outpatient clinics that were locally owned. I do absolutely agree additional reporting would be a lot. The

thing that clinics are really struggling with obviously is reimbursement. So most folks start up clinics and then they're ultimately looking for a way out at some point. And young folks come out of school with a lot of debt and it's hard to tell them you're going to buy this clinic. It's a couple million dollars. By the way you have 350 grand in student loans. What that could lead to an easier out for clinic owners is sell to bigger organizations. And they're out there. And go and they are there and they buy up small mom and pop practices, take their referrals and head out. That would lead to could lead to more consolidation because of greater administrative burden. So I think time and energy focused on how to increase our reimbursement rates would probably be the best focus. Thank you.

>> Thank you. And then next, we have Mary Beth. You should be able to unmute yourself now. And the system is still showing you're muted on your end. May be having our technical glitch here.

>> I think I got it. Can you hear me?

>> We can hear you now.

>> Yeah. I'm curious how the data that will be collected be used to help bring more services to underserved areas.

>> Thank you. Again, I don't know that we know the answer to that yet. But that is something that we can add to our considerations as we're making recommendations for the legislature and how they establish this registry. We do have a few more comments in the chat. A question: What research was done to look at existing databases at state and municipal levels to determine if reliable information already exists? We are currently kind of in that phase of this report right now, doing research. And that is part of our hope for these listening sessions is that it'll help us know where we need to do further research and deeper dives into issues. So we are in the process of doing that, and we are certainly if you know of any existing databases that contain relevant information, we would love to hear about that because we will definitely go look into those.

There's another comment related to primary care. One of the things that makes investing in primary care difficult is the inability of the state to attribute patients to a primary care provider because the state does not have a full database of provider organizations.

We have another comment, up to 25% of small businesses in Washington are considering relocating to different states because Washington state is considered the 41st to 48th least business friendly state in the U.S. And thank you for sharing that report that has been somebody shared that with me recently. So I'll be digging into that soon.

And we have another comment. Business friendliness ratings for each state varies depending on the rating organization, of course, which is true. Thank you for that. And just some agreement as well about those business practices in Washington. One more additional comment in the chat. Recognizing the small business burden. Health costs have been NFIB's No. 1 policy concern for small businesses for 39 years. So it's a cycle of high health costs exacerbated by consolidation and then the need for the state to step in. And I believe NFIB is the national federation I'm forgetting what the I is. My apologies, but if you want to spell that acronym out in the chat, that'll be helpful so we can look into that. National federation of independent business. Thank you, Emily. All right. Anybody else who would like to raise their hand? And I think we do have one more set of prompts. Maybe we'll put that on the screen for folks before wrapping up, see if that brings any thoughts to the front of mind. And while we're waiting to see if any other hands were raised. I'll remind everybody you can always reach out to Andrew after the session is over if you think of anything else or come across any resources that would be useful to share. And Andrew's

information is in these slides. I'll put the link to the slides in the chat one more time so anybody who may have joined later has access.
>> Andrew: Okay. Not seeing anymore hands or any comments in the chat. But please oh.
>> One more comment in the chat, yes. For a multi site organization, keeping reporting at the organizational level rather than by individual location or provider would help minimize the unnecessary administrative burden. Thank you for that comment. And I don't see any others at the moment. But again, feel free. I'll pass it back to Andrew, but feel free to send Andrew an e mail if there's anything else that you would like to share or would like us to consider. Back to you, Andrew.
>> Andrew: Thank you. Yeah, no further hands or comments. Just want to thank everyone again for all of your time. Oh, I see one more comment popped in. Just someone asking, is the registration a one time thing or annual? Again, early stages. We probably don't have direct answers for that. But definitely helpful in considering as we move forward and gathering resources.
One more comment. It already takes a long time to credential with any entity. And it is very difficult if we're expected to create a new report in order to be considered a real entity. Again, thank you for all the comments. All right then. Thank you all for your time. Just to give a little bit more information oh, one last comment. One final restated request that you protect local economic development by reducing cost and burden for local, provider owned entities and transferring costs to larger organizations who have the administrative and financial bandwidth to support this type of administrative compliance minutia. Thank you.
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 all written submitted comments. We'll conduct additional analysis as needed and develop potential recommendations. And then additional engagement may occur as those recommendations are developed. Finally, a progress report update is to be presented to the legislature in December of 2027 with final recommendations presented in November of 2028?
We do have one last additional listening session and the link to that is here, which you're welcome to share with others, as well as attend yourself. You can see that final date is scheduled for tomorrow, 5:00 to 7:00 p.m. in the evening.
And one last time, just to reiterate, my name is Andrew Struska. I am the program manager for the health care entity registry for HSQA. If you have any additional questions, please by all means feel free to reach out to me. And that, one last time, I do want to thank you all for attending. And again, also thank our interpreters for all of their hard work and help. Thank you again. We appreciate all your time and commitment and have a great rest of your day. Take care. Bye.