Health Care Entity Registry - Listening Session _4-20260827_235358UTC-Meeting Recording

August 27, 2026, 11:53PM

47m 28s

Struska, Andrew (DOH) 0:12

Hello. Thank you everyone for your patience.

We're starting a little bit early just to get some translator technical setup, getting going and making sure we can troubleshoot if need be, but we will be starting the listening session at 5:00 PM so if you can just bear with us.

And we'll look forward to getting going here soon.

Tarzwell, Cori N (DOH) 5:50

Yes, I can hear you, Norma.

Thank you.

Sorry for that.

That was a technical difficulty.

Struska, Andrew (DOH) 6:09

OK.

I think we we troubleshooted everything in the nick of time.

Or are we still?

Tarzwell, Cori N (DOH) 6:17

I don't know if Alonzo ever got an answer.

Is our cart captioner with us?

Not hearing anything, so I'm thinking maybe they're running a little behind. Alonzo, I don't know if that's something we can check in on real quick.

And apologies, folks, for those of you that are just joining, we are working on getting our interpreters all set up and just having a little technical difficulty.

So we will get started in just a moment.

OK. Andrew, I think we can go ahead and get started.

Struska, Andrew (DOH) 7:25

OK then.

Good to know.
You're going here, alright?
Well, thanks for your patience everyone and good afternoon or good evening.
Thank you all for being here.
My name is Andrew Strezza and I appreciate all of you joining us today for our listening session on the healthcare entity registry.
I am the current program manager for the healthcare entity.
Registry and I am here to share some information regarding its associated legislative report and more specifically receive your feedback.
Additionally, I'm going to be helped today to receive comments and call on raised hands from Cory, and I'll let her introduce yourself as well.

Tarzwell, Cori N (DOH) 8:18
Thanks Andrew.
Good evening everyone.
My name is Corey Tarswell.
I use Shi her pronouns, and I am the legislative affairs manager for health systems quality assurance at the Department of Health.

Struska, Andrew (DOH) 8:34
Where it's done.
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 read back is accurately captured and nobody's input is lost by remaining in this session, you are consenting to be recorded.
Today, we'll start with a bit of background as well as a quick walkthrough review of the healthcare entity registry, go through some of the agencies, the Department of Health will be partnering with 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.
Channel 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.
We once we call to do so momentarily, we may unmute you for that.
On the far left, you will also note the chat button through which you.
May submit comments or let us know if you're having any technical issues.
Additionally, you may note in the chat currently.
Typically we should have a link for CART services.
And which is short for communication, access, real time translation.
Anyone wishing to use this feature in this session may click the link to do so.
Once it is available.
I'm not sure if we sorted that out.
But once that is in there, you should be able to use that service.
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 everyone here, when you unmute to speak, please try to pace yourself as best.
Says 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.
Select language and speech and click interpretation language. Once done, you are free to select the language you would prefer.
To listen to the webinar in.
For those listening to the webinar in a language other than English, the original audio may be muted or overlaid with translated audio. Placing the slider that appears below your selected language to the far right will mute the English speaker, so the only 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 your screen, stop right select settings from the drop down menu and click accessibility.
From there, switch the sign language mode toggle switch to on and select the IMA signer option.
This session's designated ASL translator should be automatically spotlighted for you.

I'd also like to take a moment.
For tribal land acknowledgment, I am joining this webinar from Seattle on the ancestral unseeded lands of the tribes we know today as the dawamish Sequamish and Mukul Shin.
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 acknowledgment 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 the task of developing a plan and recommendations on what the creation of a healthcare entity registry would look like.
Part of this report is specifically to identify which healthcare 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 healthcare 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 registries creation and use.
Additionally, your feedback today will inform the 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 healthcare entities and providers.
License or certified by a state agency.
The second consideration required is for strategies to fully understand.
Stand and monitor in 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 healthcare entities and

other entities and organizations such as private equity investment that serve Washington, DC.
The intended goal of these considerations is to create a registry that is complete and interactive.
Monitors changes in the healthcare landscape to better understand market consolidation within it and ultimately improves 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.
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 plan and 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 just reviewed and we'd like to do a quick summary that gives an overview of the legislation in one place.
To frame what is being asked for in the recommendations.
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 healthcare landscape in order to better understand trends in healthcare 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, who being who would report to the registry potentially from those 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 exist, 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 collected data, fees were not considered as a primary focus for these specific listening sessions.
Rather, they will likely be the focus of their own sessions once at least a draft of who reports and what data already exists is created and more focused feedback can be sought and context provided by the department.
While not the focus for the specific current sessions, these 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 have other states used to fund similar efforts.
Sorry, I just saw there may be an issue with my audio.
Is there anything I I can adjust or is anybody else having similar issues hearing me?

TN **Tarzwell, Cori N (DOH)** 19:48
I was not hearing an echo.
So let's maybe just see Norma, is that better?
I don't see anyone else unmuted, so I don't.
Andrew, maybe try muting and unmuting and see if that helps.

SA **Struska, Andrew (DOH)** 20:23
Any any improvements still still echoing?
Good.
Sorry about that.
OK.
If Phil sounds OK now, we can. I'll go right ahead.
Let's see.
We do have a few more slides before we we begin, but before doing so, I just wanted to ask you 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 healthcare 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 our focus 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 do talk a little bit more about what things are considered in scope for this project.
Those things would include assessing healthcare entities, which professions and facilities should be included.
What the ideal inclusion and exclusion criteria would be for registrants assessing 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 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 will try to get them directed to the best person to handle them in a timely fashion.
To help guide the discussion, a few examples of 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 not exhaustive.
So please feel encouraged to share any additional relevant information.
Or feedback.
And just to provide a starting point to consider a bit deeper, the questions from the previous slide, here are a few further prompts worth considering.
Though again, 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 the listening session.
So if you can raise your hand and we will open up comments shortly.

Tarzwell, Cori N (DOH) 24:18
And you can also feel free to put any comments in the chat.
I'm monitoring the chat and we'll read those aloud for the record.
So there's a question in the chat are healthcare benefit managers third party payers?
I'm not sure that we can answer that question related to the the registry. I think we are still trying to figure out who might report or or who might be, I know.
Healthcare benefit managers is just an example that Andrew's providing to kind of get some some thoughts going.
So I don't know.
We can certainly take that back and and have our teams consider that, but if you've got more you'd like to share about that, we'd be happy to hear it.
And I do see we have some new folks that have joined us.
So I just want to let everybody know that we are just open for comment right now.
So if you would like to raise your hand and share any thoughts, please do so.
OK.
Well, I'm not seeing any hands or any comments in the chat.
Oh, Chris, go ahead.

Reichl, Kristin (DOH) 27:52
Yeah, Corey and Andrew, I'm wondering if.
It might be helpful to share some of the comments we've heard at the other two sessions.
Might help generate some conversation.

Struska, Andrew (DOH) 28:11
Yeah, I think we can definitely do that.
Let me.
I can see if I can consult what we have written down if in just a second, but if Cor. If you have anything friend of mine that you remember that engaged discussion previously.

Reichl, Kristin (DOH) 28:27

Sorry to put you on the spot.

I just thought maybe that we could try that before we.

Yeah, I just thought we could try it.

Thanks. Thanks for being flexible.

Struska, Andrew (DOH) 28:39

Oh, it's good thought.

While I can, oh, I see a hand.

I'll.

Tarzwell, Cori N (DOH) 29:02

Yeah. So it looks like Alexander is got his hand up.

You can go ahead.

You will have to mute unmute on your end. Apologies.

So I am still showing that you're muted on your end, Alexander.

Sometimes we have a little glitch with this, so I'm gonna disable your microphone and re enable it and see if that helps.

OK. Are you able to unmute now, Alexander?

I'm still not hearing you.

Let's try one thing.

All right.

Are you able to unmute now?

OK, we have had some success in past sessions when folks were unable to unmute. If you leave the meeting and then come back, sometimes that fixes the problem.

So we'll be happy to wait a few minutes and and if you'd like to try that.

Yeah. And in the meantime, Joyce has their hand out.

Joyce, you should be able to unmute yourself.

Now, whoops. Wait a minute.

Sorry, everything jumped around on my screen.

I gotta try that again.

All right, Joyce, you have the ability to unmute yourself now.

Fan, Joyce (OFM) 30:54
Hello.

Tarzwell, Cori N (DOH) 30:56
Great. We can hear you.

Fan, Joyce (OFM) 30:57
Can you hear me?

Tarzwell, Cori N (DOH) 30:58
Yes, go ahead.

Fan, Joyce (OFM) 30:59
OK.
Hi, this is Joyce fan from OFM.
Thank you for hosting these listening sessions.
I've been in a few.
So far.
I have a question about your registry reports that especially overlapping with a few initiatives.
For example, OFM state health plan and.
And health data exchange and DOHS data strategy and modernization.
So would you be able to clarify or elaborate about you know, what areas are overlapping amongst these initiatives?
That is, you know, with state healthcare entity registry.
And also in terms of reporting timeline, how do you envision?
And reporting.
Say, who does the ground work?
See if we have overlapping.
You know, we don't duplicate efforts of approaching one question.
Does it make sense?

Tarzwell, Cori N (DOH) 32:13
Yeah. Thanks.

So I think that we were flagging those as areas of potential overlap because the healthcare entity registry, we don't actually know what data we will be asking for in that registry.
So we were just identifying that those are other efforts going on dealing with a lot of similar data and it's gonna be, you know, part of our effort to make sure that we are.
Utilizing data already available to us.
Where possible and not asking folks to resubmit data multiple times to different sources when we could potentially share access to the same information.
And I don't, Andrew, if there's anything more you might want to share about that.

SA **Struska, Andrew (DOH)** 33:00
No, I think that's 100% accurate.
We just will be kind of reviewing and making sure once we after these sessions close and we start firming up what sources we will be using that there's no duplicative efforts and that if there are we can maybe coordinate and not expend resources that would otherwise be was.
In that regard.
In terms of timeline, which I think you also asked about.
We I believe the legislation for the plans and recommendations requires that our progress report be submitted in December of 2027 for these recommendations and then a final plan and recommendation should be submitted in November of 2028, if I'm remembering correctly.

FJ **Fan, Joyce (OFM)** 33:53
All right.
Thank you.

TN **Tarzwell, Cori N (DOH)** 33:55
Thank you.
And we have Alexander back, so let's see if we can get you unmuted this time.
You should be able to unmute on your end.

A **Alexandercruz** 34:07
Oh, did it work?

Tarzwell, Cori N (DOH) 34:08
There we go. I can hear you.

Alexandercruz 34:13
Yes, my name's Alexander.
I'm a medical assistant for a critical access hospital in Shelton.
One of the things I had inquiry of because we regularly have to use the vaccine database and pharmacy database.
Is there a way to?
Coordinate updates for smaller communities or how to have three or four.
More central people who can submit updates to the database to help cut down on duplicates, especially when we see a sudden influx of population or a sudden influx in.
New reporting personnel.
They kind of keep from having to correct duplicates later down the road in a four to six months time span.

Tarzwell, Cori N (DOH) 35:00
Great. Thank you.
I think we have heard similar comments from other folks interested in ensuring that where possible, we streamline as much as we can and I know we've heard others that have recommended allowing you know the the, the health system or the the employer to be able to to take.
Care of it for all the entities you know under their authority. So that is certainly something we will consider.
In our recommendations.

Struska, Andrew (DOH) 35:47
I know we have a a few more prompts here.
We can.
Slide through if if that helps spark conversation and maybe brings anything under mind.

Tarzwell, Cori N (DOH) 35:51
Yeah.

Struska, Andrew (DOH) 35:58
In addition, we we had a few additional prompts if anyone has any thoughts regarding what data should be considered as well a few of those might be what data is already reported to DoH or other state agencies, what data gaps currently exist, and how can currently collected data.
Be streamlined.
And similarly with. If that doesn't strike anyone's interest or spark imagination.
We also had some prompts potentially about how to best account for health system purchasing and consolidation. A few of those worth considering might be I see a hand Alexander.

Alexandercruz 36:52
I'm sorry, I just got really excited.

Tarzwell, Cori N (DOH) 36:54
Oh.

Alexandercruz 36:54
Is there a way by any chance to also?
Rope in information clearing houses. We have noticed out here when small practice is closed down or when providers for large group retire their information has ended up in clearing houses and we kind of have to do a little hunting around to try to reconsolidate all the information to.
See if it's possible to involve them in the registries as well.

Tarzwell, Cori N (DOH) 37:22
That's a great idea. Thank you.
We will look into that.
And while we're waiting to see if any other hands go up, just remind everybody that Andrew is our point person and you can e-mail him any of your thoughts or if you come up with an idea or a data source after the meeting or sometime later, we are.

Still happy to hear any recommendations or ideas that you have.
This will just help inform as we start digging into the research and figuring out what data's available.
So anything that you have to provide, even if it's.
After this meeting, we would be happy to hear it.
Oh yes.
So first up, we have Desiree. Desiree. You should be able to unmute now.

Desiree Reynolds 38:55
Hi I kind of wrote something out for you guys.
My name is Desiree.
I am a in home health care aide.
I am speaking today because the frontline workforce sees first hand how corporate structures and market consolidation impact care and safety. In my time as an aide, I have witnessed major issues with corporate accountability.
I've been sent into homes where clients are actively.
Using drugs or misusing DHS DSHS services showing a massive breakdown and how cases are audited.
And managed.
Even worse, I have faced severe life threatening safety hazards, including being trapped and chased by a client experiencing severe dementia delusions. When I escaped and reported this life threatening safety risk to my employer, their response was lose clients lose time, lose money.
When private healthcare entities care more about retaining a contract or a client's funding.
Then the physical safety of their staff or the appropriate medical placement of a patient, the system is broken.
We desperately need the registry to bring transparency to corporate health structures.
Monitor how funding is actually used and hold these agencies accountable for prioritizing profit over human safety and honest care.
Thank you.
I also have a couple.
Of questions.

Tarzwell, Cori N (DOH) 40:44
OK.

Desiree Reynolds 40:46
Will the registry track exactly how much funding a corporate spends on executive bonuses or legal battles versus actual frontline?
Caregiver wages and patient safety measures.
And can the registry be integrated with state fraud reporting systems to flag companies that systemically accept?
Patients, they are meant that are medically unequipped to care for, just to claim DHSDSHS funding.
And that's it. Thank you.

Tarzwell, Cori N (DOH) 41:22
Thank you. I don't know that we have answers to your questions, but of those are, we will definitely look into that and and see how that can be influenced by the the registry.
Appreciate your comments and I'm I'm sorry to hear about some of the situations you've had to contend with.
And next we have Alexander, and you should be able to unmute yourself.

Alexandercruz 41:48
Yes, by any chance, would there be a possibility to include?
Patient or rather clinic delicate duties. We have a lot of patients that go into hospital care facilities or we have facilities.
And we don't find out the condition the patient's go through until after reports been submitted until after we have things brought in by the patient or liaison themselves.
To see if there's a more broader monitoring system that's less accurate.
Essentially.

Tarzwell, Cori N (DOH) 42:29
Thank you.
We will definitely look into that.
I am not sure.

But we will see see how we can incorporate that into the report.
Yeah, go for it, Alexander.

Alexandercruz 43:21
I'm sorry, I'm just super excited again.

Tarzwell, Cori N (DOH) 43:23
No, we appreciate it.

Alexandercruz 43:24
By any chance, is there a way to?
Pull up hotspot events for.
Communicable outbreaks, or to have it sorted by population density to kind of monitor the migration of patient ailments like how we had the copiedemic we started to see it gradually come from the cities out to the rural areas, in mass versa.

Tarzwell, Cori N (DOH) 43:52
We can.

Alexandercruz 43:52
Kind of like how we do monitoring of flu throughout county to county.

Tarzwell, Cori N (DOH) 43:59
I think we can certainly talk about that.
I do think that the intent was not necessarily to have like any patient related information.
So we will have to kind of check and see if that was in the scope of what the legislature was hoping for, but we can certainly look into that.

Struska, Andrew (DOH) 45:12
OK. I guess barring any, any no further ideas or suggestions or comments, but if anything comes to mind, please feel free to raise your hand again or submit in the chat.
But I guess without that.
We just wanted to thank you all for your time today.

Really appreciate you being here.
We really appreciate all the input.
And 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 the listening session and others, as well as written comments.
Will conduct additional analysis as needed and develop potential recommendations.
Additional engagement may occur as recommendations are developed.
And a progress report update is to be presented to the legislature in December of 2027, with final recommendations presented in November of 2028.
These were the previous sessions.
This is the final one of this series, but as we said, there will likely be additional more focused ones once we've incorporated the input.
From what we've heard throughout this week, and have a better picture of where the project is going.
24 hour too.
And just to reiterate, my name is Andrew Streska.
I am the program manager for the healthcare entity registry for HSQA.
So if you have any additional questions, please feel free to reach out to me.
And one last time. Just wanted to thank you all for attending and thank our interpreters for all of their hard work and help today.
Thank you again.
We really appreciate it and have a great rest of your day. Take care. Bye.

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