



# Cross-Sector Collaboration: Finding the Win-Win

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Pat Luedtke

Senior Public Health Officer

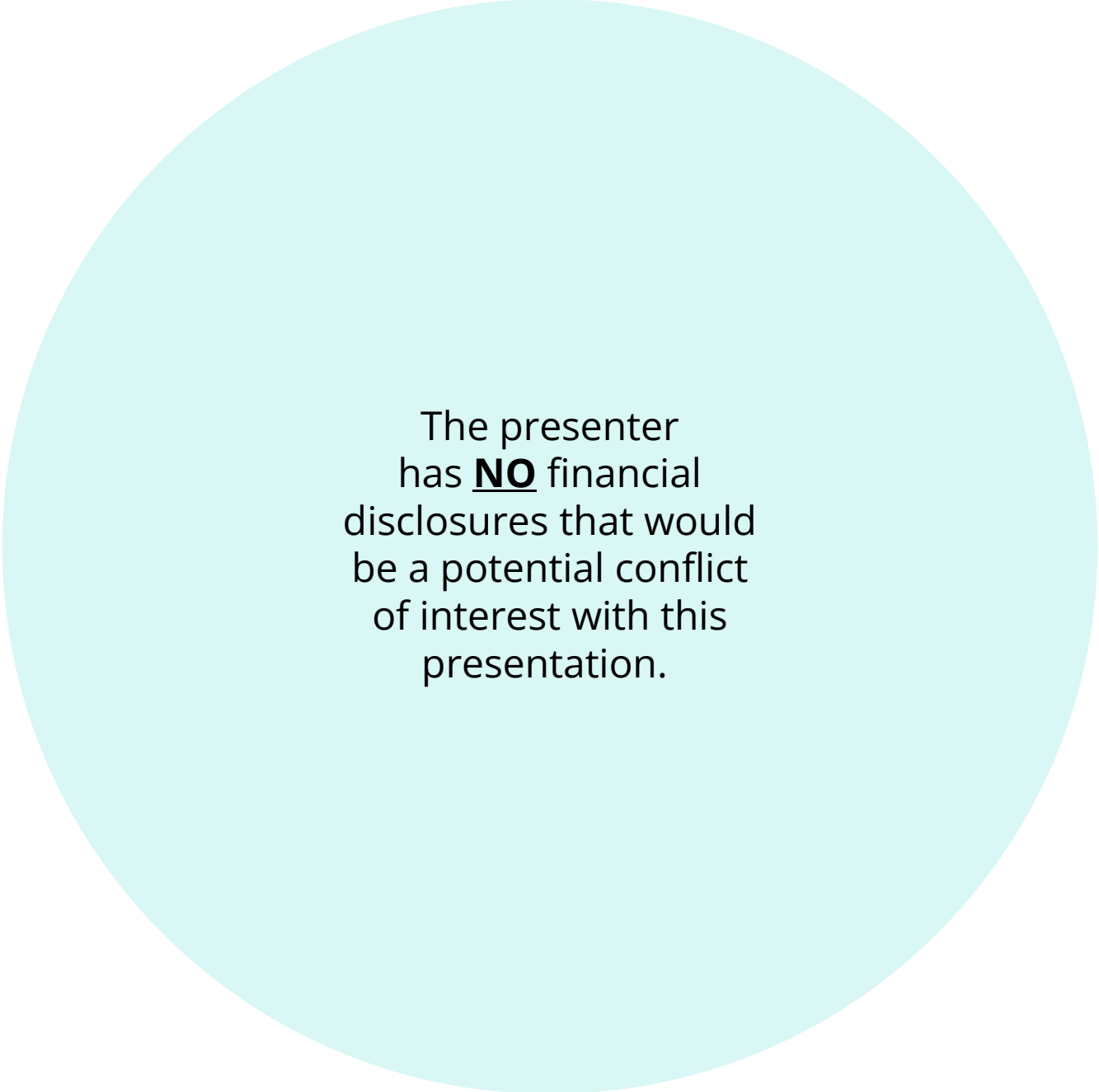
Chief Medical Officer

Lane County Health & Human Services



**HEALTH &  
HUMAN SERVICES**





The presenter  
has **NO** financial  
disclosures that would  
be a potential conflict  
of interest with this  
presentation.





**How would you rate your organization's current level of cross-sector (primary care and public health) engagement?**

- A. Very low
- B. Low
- C. Medium
- D. High
- E. Very high
- F. Other (please type in chat)



## Primary Care and Public Health Enterprises

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## Examples: Short-Term and Long-Term Collaboration

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## Opportunities for Partnership

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# Primary Care and Public Health Enterprises



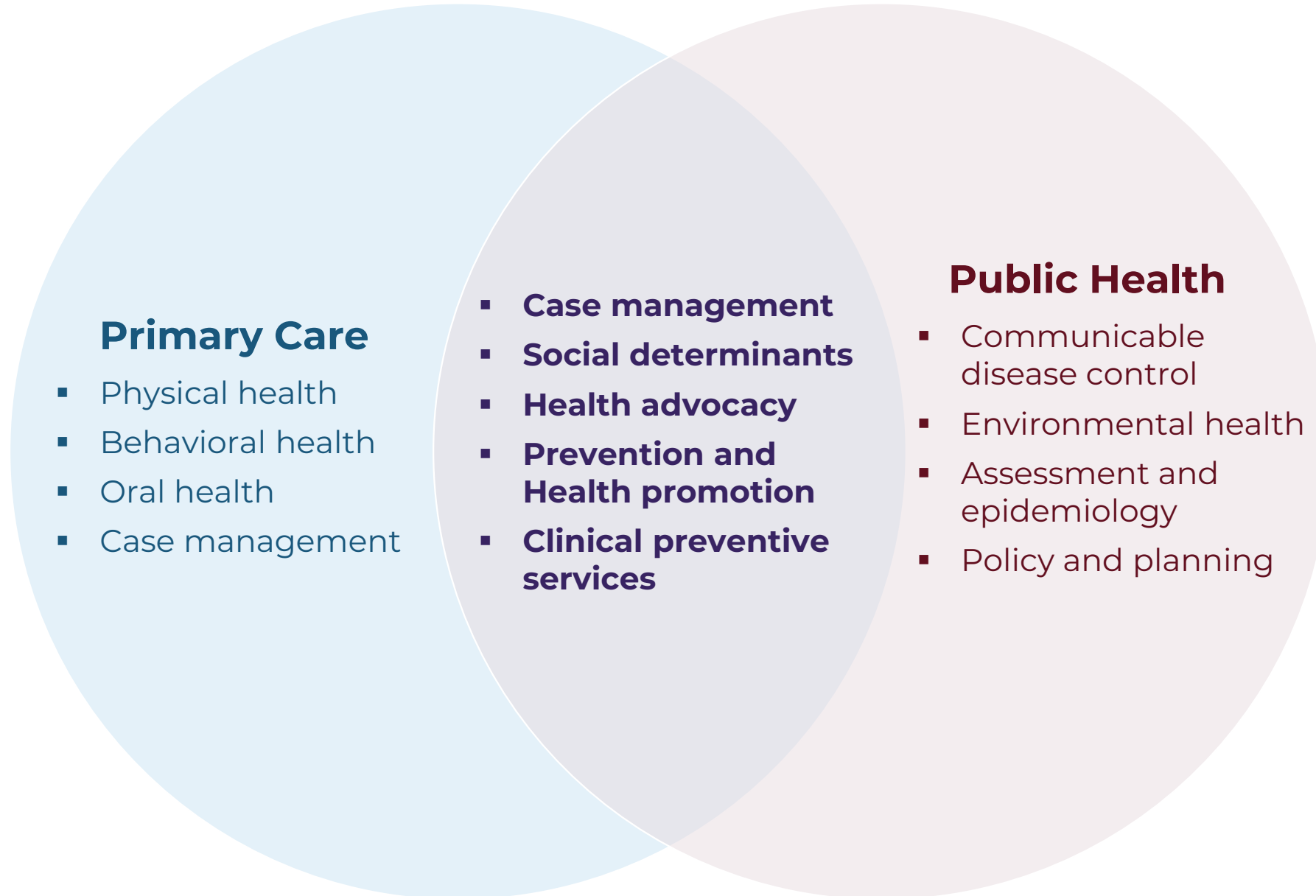


# The Landscape



- 
- US health and wellness needs are enormous
  - US healthcare spending is also enormous (\$4.9T in 2023)
  - Public Health and clinical entities have overlapping responsibilities
  - Public health and clinical entities have complementary data
  - We each have more “collaboration power” than we realize







Public Health	Primary Care and Payers
Population level	Patient or member level
Programs and reportable diseases	Providers, panels, and problem lists
Assessment, policies, assurance	Workflow, quality metrics, safety
Elected officials and public input	Board of Directors, CMS, FTC



- **Where are the natural opportunities for interaction and collaboration between public health and clinical entities?**
- **How can we drive collaboration to the benefit of our communities and organizations?**





# Collaboration Through Structure



## Public Health

HeRo: Health Roundtable

QUID: Quarterly Infectious  
Diseases Group

WATCH: What About The  
Community's Health?

## Primary Care and Payers

Board of Directors

Committees: clinical, quality,  
finance, service line work groups

Teams: billing, grant, quality

**Connections (e.g., PH and Medicaid) are even more important  
in a fiscally constrained environment**





## **What public health has that others may need:**

- Data (reportable diseases, immunization registry, vital records), convening authority, mandated advisory committees, legal authorities (e.g., statutes and rules)

## **What clinical practices and payers have that others may need:**

- Clinical staff and expertise, financial resources, facilities and patients, contractual responsibilities (PFP), clinical data, IT and quality systems (EHRs), billing data





Examples:  
Short-Term and  
Long-Term  
Collaboration





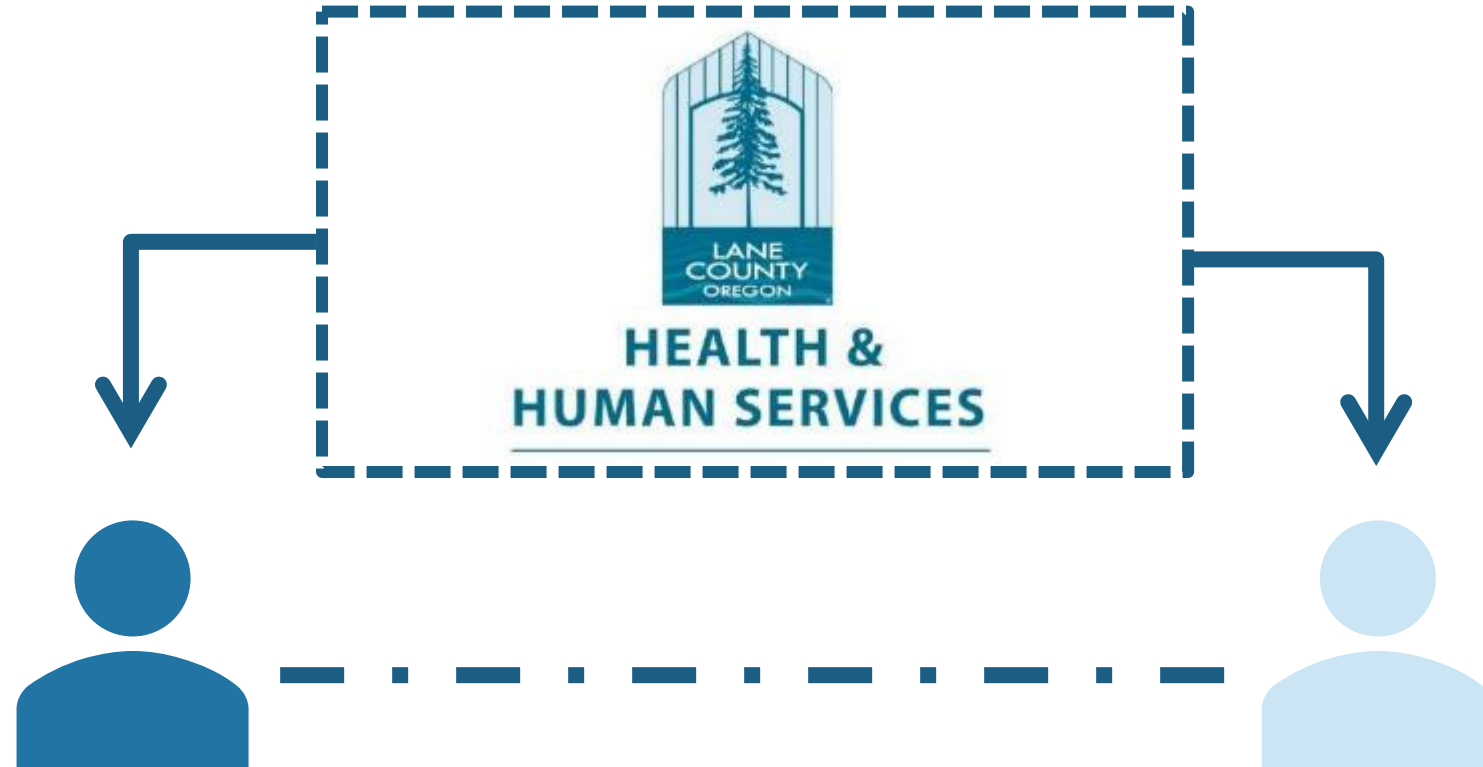


**In what area(s) are you currently conducting cross-sector collaboration between public health and primary care?**

- A. Communicable disease
- B. Tobacco/Vaping
- C. Substance use
- D. Preparedness and response
- E. Maternal-child health
- F. Other (please share in chat)
- G. We are not currently engaged in this activity



# Project Example: Who Pneu?

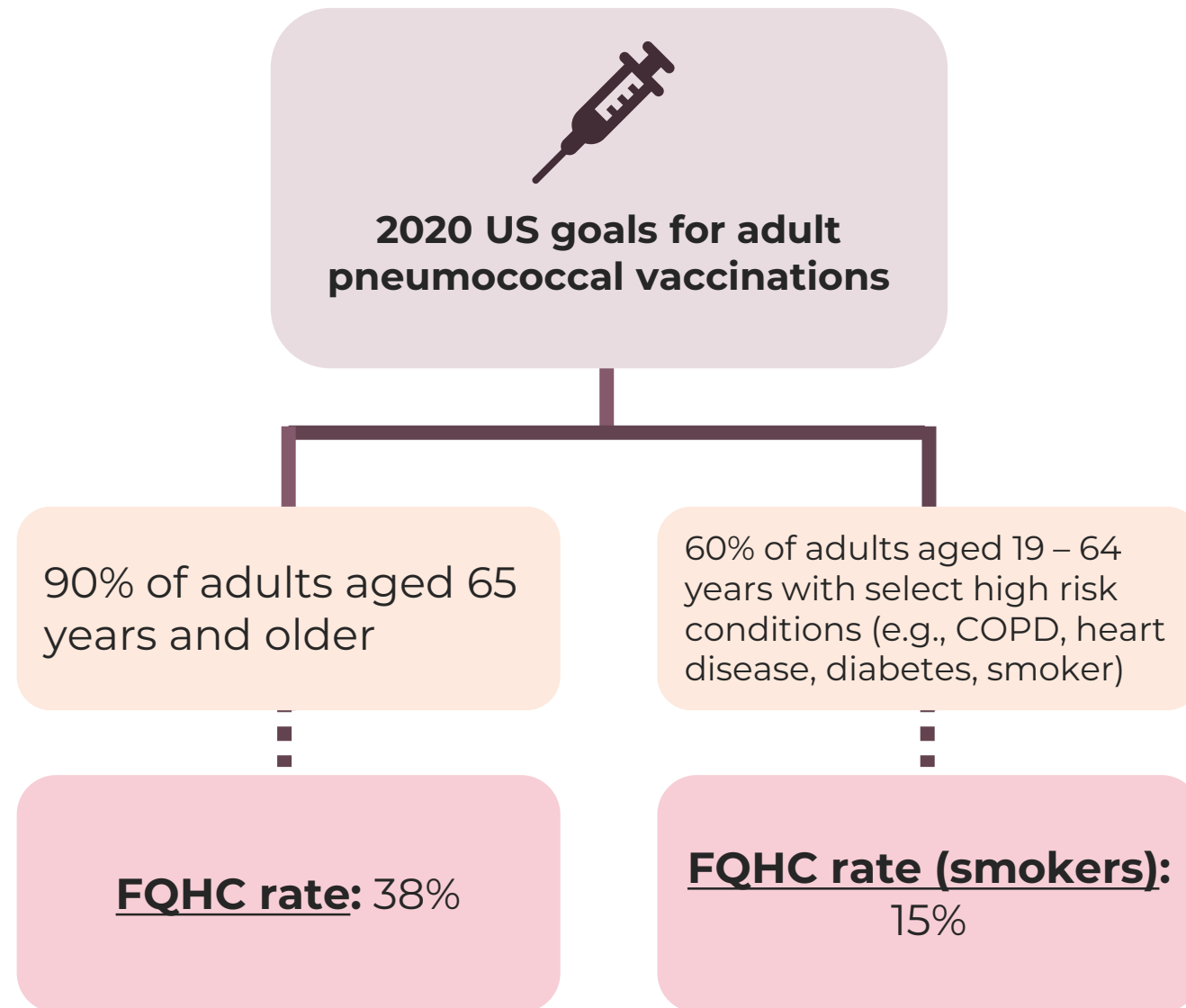


**Patrick F. Luedtke MD, MPH**  
**Senior Public Health Officer**  
**Chief Medical Officer**

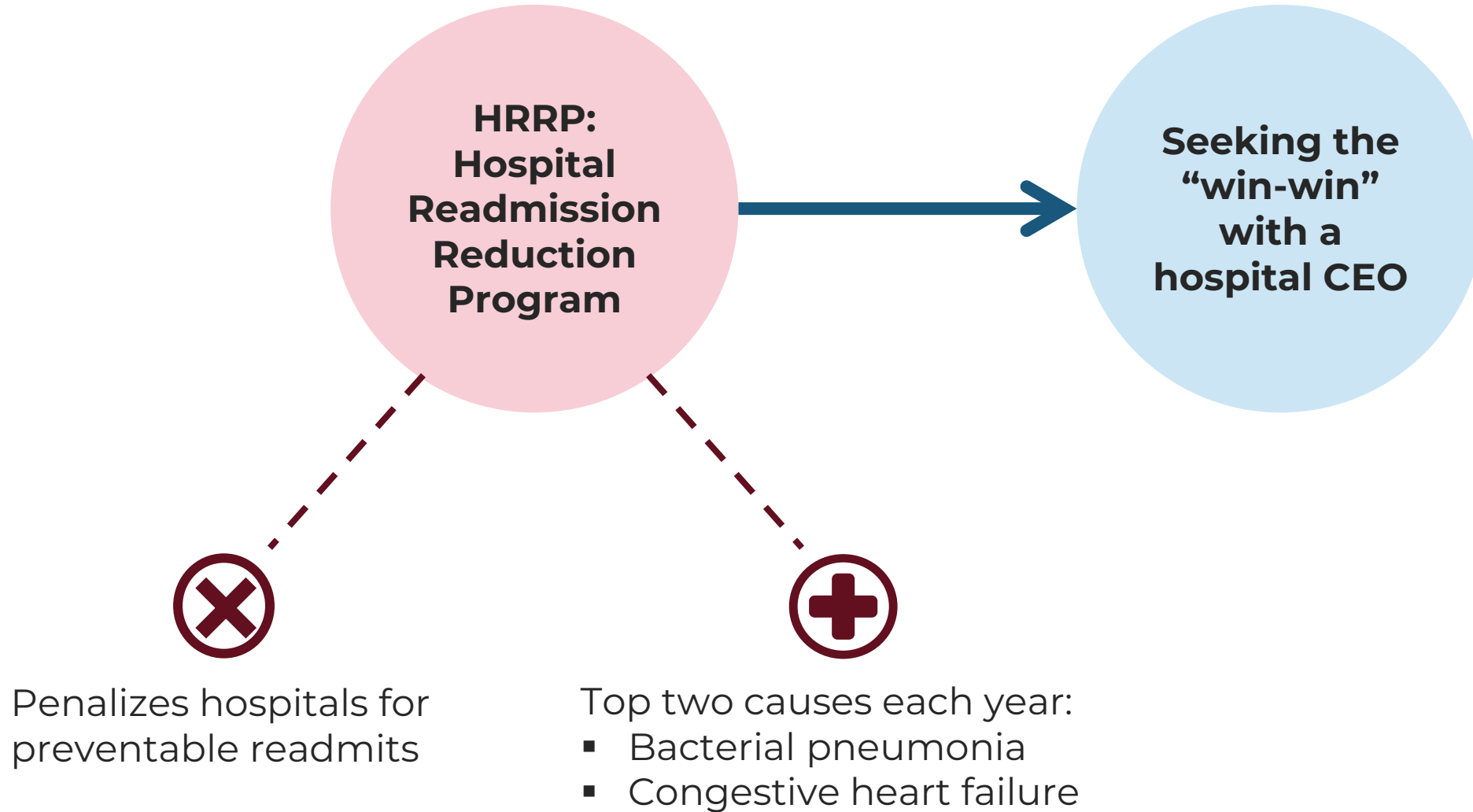
**Luis Pimentel, MPH**  
**Community Health Analyst**  
**AKA: "The Man Who Pneu"**



# Raising Adult Pneumococcal Vax Rate









# In the Beginning...



QUID's recognition  
of "adult vaccine  
challenges and  
opportunities"



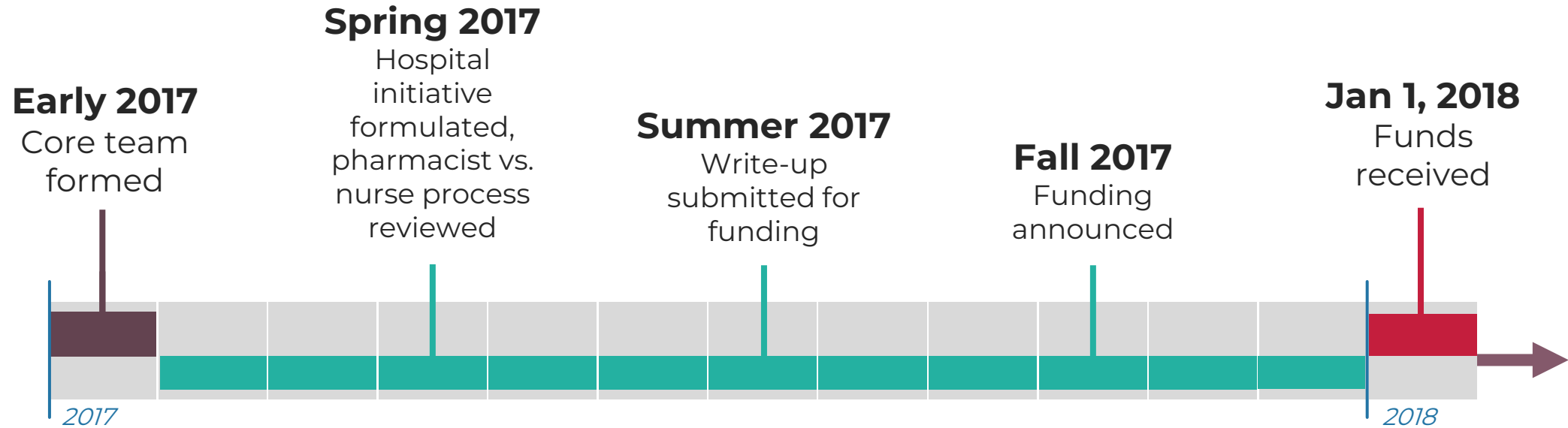
Formal FQHC  
pneumococcal  
assessment



Longstanding flu  
vaccine assessments  
(40%)



# Application Timeline: Later in the Beginning...







Rand O'Leary  
Chief Executive  
PeaceHealth Oregon



Robert Blake  
Chief Operating Officer  
PeaceHealth Oregon



Dr. Steven Wolinsky  
Chief Medical Officer  
PeaceHealth Oregon



Dan Kelly  
Chief Nursing Officer  
PeaceHealth Oregon



Mary Anne McMurren  
Chief Administrative Officer  
PeaceHealth Sacred Heart  
University District



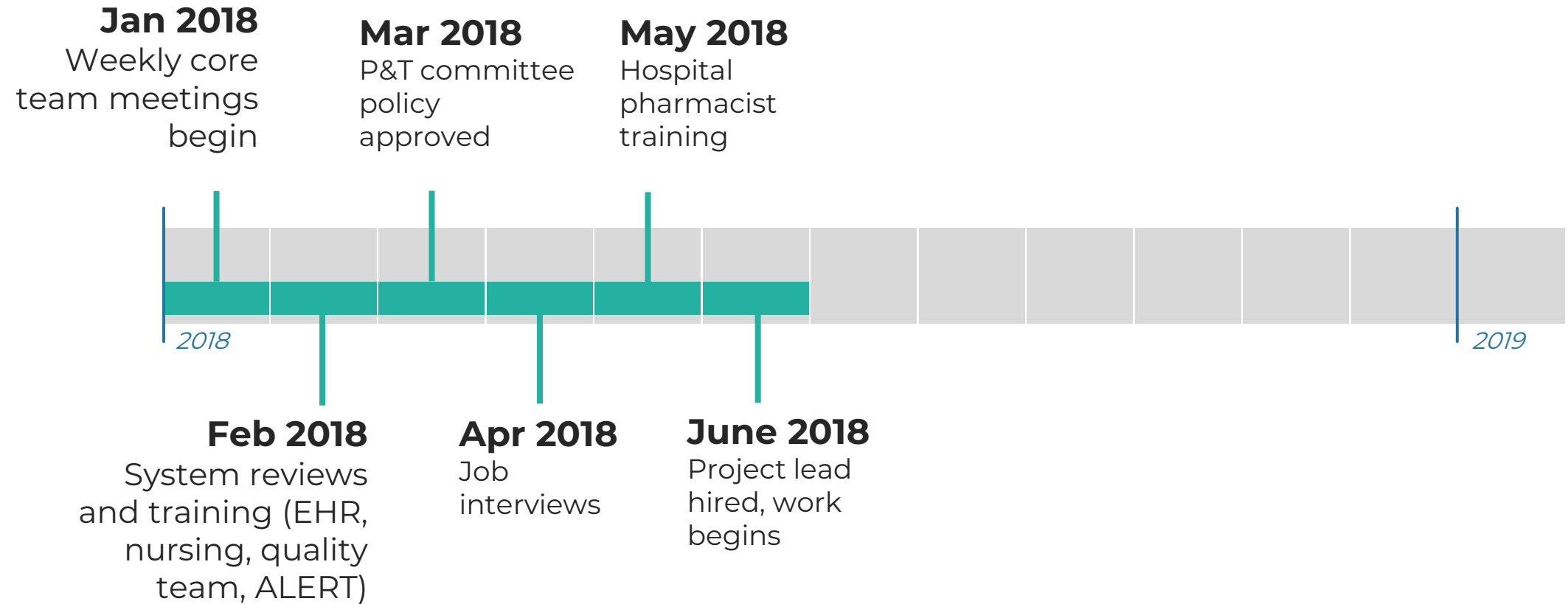
Dr. David Duffey  
VP Medical Director  
PeaceHealth Medical Group



Dr. Robert Pelz  
Infectious Diseases Director  
PeaceHealth Medical Group

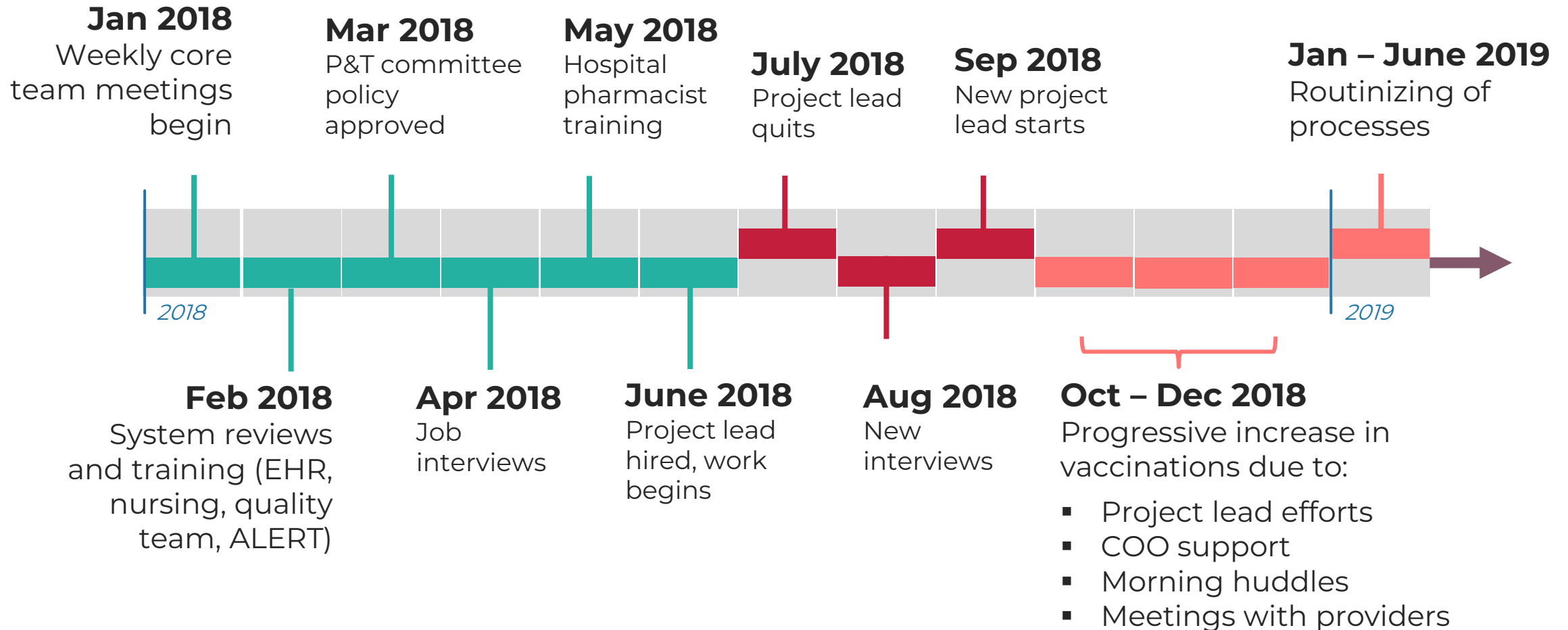


# Program Timeline: Moving to the Middle...





# Program Timeline: Later in the Middle...





# Program Timeline: In the End...



- **1,969** vaccines ordered by pharmacy
- **745** pneumococcal vaccines administered
- **16** patients vaccinated per week on average
- **38%** vaccine administration rate
- **From 58% to 70%** increased pneumococcal vaccination rate of high-risk patients

**The Goal:** Healthy People 2020 goal calls for 90% of people 65 and older and 60% of high-risk individuals 19 to 64 to receive at least one pneumococcal vaccine.

## The Project:



Lane County Public Health and PeaceHealth Sacred Heart Medical Center partnered to pilot a hospital pneumococcal vaccination project. The aim of this project was to increase pneumococcal vaccination rates among high-risk adult hospitalized patients between July 2018 and June 2019. The ultimate goal was to improve the health of patients and the community, and reduce medical costs.



## The Process:

**1. Screening:** Lane County employee electronically screened patients for vaccine history/eligibility

**2. Ordering:** PeaceHealth pharmacy verified eligibility and ordered the vaccine to be administered prior to patient discharge

**3. Administration:** the vaccine was available for nursing staff to administer prior to patient discharge

**4. Tracking:** vaccination administration rates were tracked and shared weekly

## The Results, July 2018-June 2019:

Most common reasons adult patients are at high-risk of pneumococcal disease:

#1 Age #2 Smoking #3 Diabetes #4 Alcoholism #5 Asthma



**PUBLIC HEALTH**  
PREVENT. PROMOTE. PROTECT.



**PeaceHealth**

7/2/2019





- ✓ **Hospital support at the highest level**
- ✓ **OHA support for vaccine and ALERT training**
- ✓ **New relationship with hospital foundation**
- ✓ **New relationship with and understanding of hospital environment\***
- ✓ **Improved preventive care access for at-risk adults**

*\*An unexpected positive outcome: hospital competition*



# Challenges



- **Staffing**
- **Lack of education and awareness of the vaccine**
- **Steering committee stability**
- **Capture and reinvest**
- **The clash and mash-up of two systems (PH – PH)**





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# Finding a “Win - Win”



**Focus on the  
problem, not  
the person**



**Focus on  
interests, not  
positions**



**Do your  
research**



**Give lots of  
different  
opinions**



**Use objective  
criteria**









# Opportunities to Collaborate, State by State





- Main
  - Home
  - Login
- Patient
- Vaccinations
- Scheduled Reports
- Job Queue
- Change Password
- Answers



IWeb  
Version: 5.123.2


Date: July 07, 2025

Welcome to VacTrAK –  
the Alaska Immunization Information System (IIS)

VacTrAK Documents	VacTrAK Support
<p>Provider Enrollment Documents</p> <ul style="list-style-type: none"><li><a href="#">VacTrAK Contract</a></li><li><a href="#">Contract Spreadsheet for 6+ Facilities</a></li><li><a href="#">VacTrAK School Contract</a></li></ul>	<p>VacTrAK Support: 866-702-8725 (866-702-TRAK) In Anchorage – (907) 269-0312 E-mail: <a href="mailto:vactrak@alaska.gov">vactrak@alaska.gov</a></p>

User Changes

- [Add/Modify User Form](#)
- [School User Agreement](#)



Production Region  
\*\*\*\*\*

Username:

Password:


Login

Forgot Password?

\*\*\*\*\*

DO NOT ATTEMPT TO  
LOG ON UNLESS YOU  
ARE AN AUTHORIZED  
USER.  
\*\*\*\*\*

Idaho's Immunization Reminder  
Information System



HOME FORMS RELATED LINKS

Hot Topics [HT-1](#)

FORGOT PASSWORD Posted on 10/22/2020

**IMPORTANT INFORMATION:**

All requests for IRIS accounts and new passwords must be submitted online. Requests will NOT be processed over the phone.

**FORGOT YOUR PASSWORD OR ACCOUNT LOCKED TO PASSWORD RESET?**

If you already have an IRIS account but need to reset it, please click on the FORGOT PASSWORD box or click here for instructions [FORGOT PASSWORD INSTRUCTIONS](#).

**REQUEST AN IRIS ACCOUNT**

About OHA ▾ Programs and Services ▾ Oregon Health Plan ▾ Health System Reform ▾

Wellness ▸ Vaccines and Immunization ▸ ALERT Immunization Information System

## ALERT Immunization Information System

### ALERT IIS

New Clinic Enrollment

New User Accounts

Training

Data Exchange

Promoting Interoperability /  
Meaningful Use

Contact Us



Adults, parents, and guardians looking for immunization record

About Immunization Information Systems (IIS)



Main

- Home
- Login SAW

- Patient
- Vaccinations
- Scheduled Reports
- Job Queue
- Change Password
- Answers


IWeb  
Version: 5.142.2

Help Desk  
1-800-323-5599

Date: July 07, 2025



[Login to PLIC Hub](#)

**Welcome to the Washington State Immunization Information System (IIS)**

The Washington IIS is a lifetime immunization registry with records for Washington residents. The IIS is available to all licensed healthcare providers in Washington to support immunization activities. It also serves as the primary vaccine management tool for providers enrolled in the Childhood Vaccine Program, assists schools in assessing immunization compliance and provides official immunization certificates. The



## 2025 CCO Incentive Measures and Benchmarks

#	Measure	NQF Number	Measure Description	Data Source
1	Childhood Immunization Status (Combo 3)	0038	Percentage of children that turned 2 years old during the measurement year and had the Dtap, IPV, MMR, HiB, HepB, VZV, and PCV vaccines by their second birthday.	Claims/ Immunization Registry
2	Immunizations for Adolescents (Combo 2)	1407	Percentage of adolescents that turned 13 years old during the measurement year and had the meningococcal, Tdap, and HPV vaccines by their 13 <sup>th</sup> birthday.	Claims/ Immunization Registry
3	Child and Adolescent Well-Care Visits (incentivized for children ages 3-6, kindergarten readiness)	1516	Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year.	Claims/ Clinical Data
4	Prenatal & Postpartum Care – Postpartum Care	1518	Percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.	Claims/ Clinical Data

### Possible collaborations:

- Shared PSAs
- Shared pt. education
- IQIP
- Nurse home visiting
- L&D referrals



## CCO Quality Incentive Funds Payout:

	Vax metric	Vax + Tobacco metric
Clinic # 1	\$314,601	\$629,202
Clinic # 2	\$306,865	\$613,731
Clinic # 3	\$237,693	\$475,386
Clinic # 4	\$159,965	\$319,930

Data source: Trillium-HealthNet, CFO



# Opportunities for Partnership





**Cannabis prevention:  
where dollars meet  
disease**



**Vaccines (2025 – 26  
influenza prevention)**



**Tobacco and vaping**







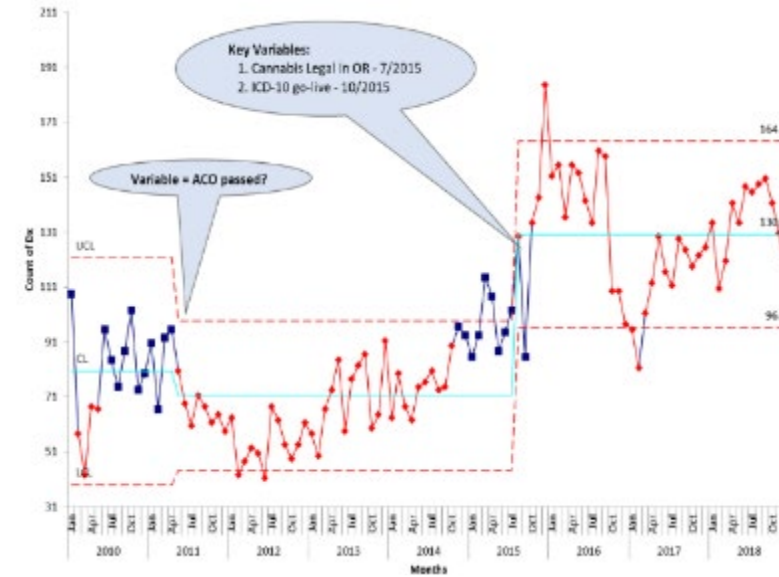
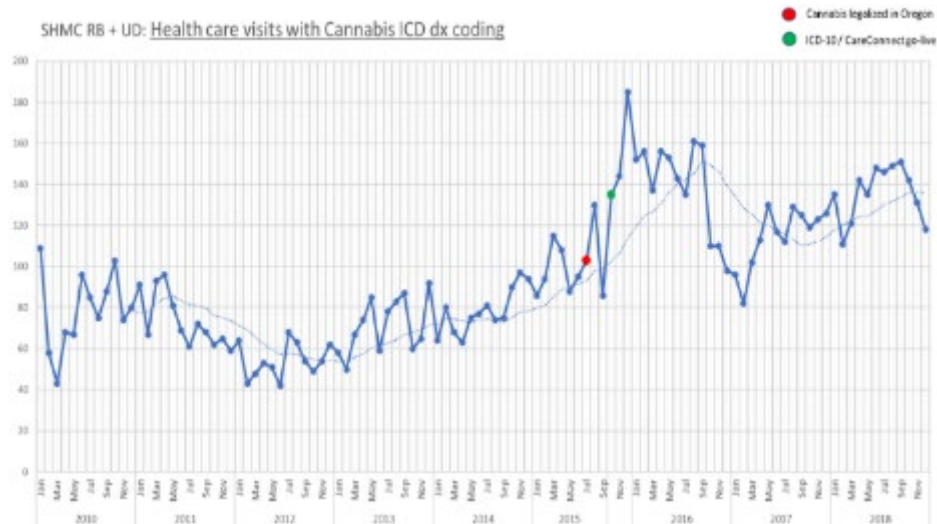
# Cannabis Impact: Hospitals



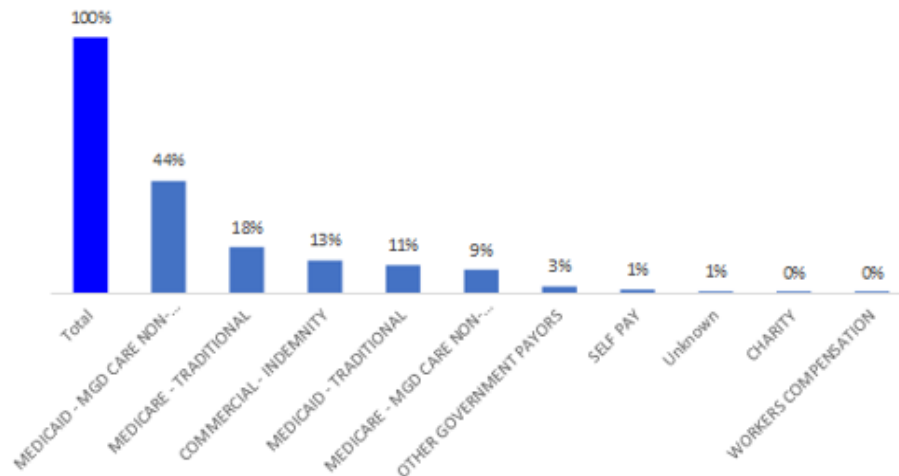
- Leadership at large local hospital brings issue to HeRO
- Recurring “divert status,” even outside respiratory season
- Investigation: 350 to 400 bed days per month for cannabis dx
- Outreach to local public health for collaborative prevention work



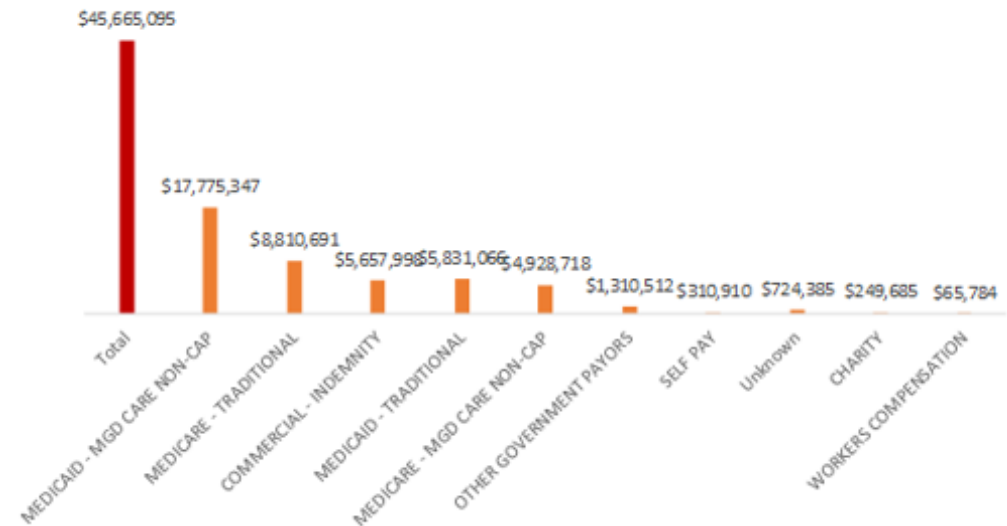
# Cannabis Impact By The Numbers



2018 Cannabis Dx by ICD10 F12...Distribution by Payor



2018 Cannabis Dx by ICD10 F12...by Total Charges

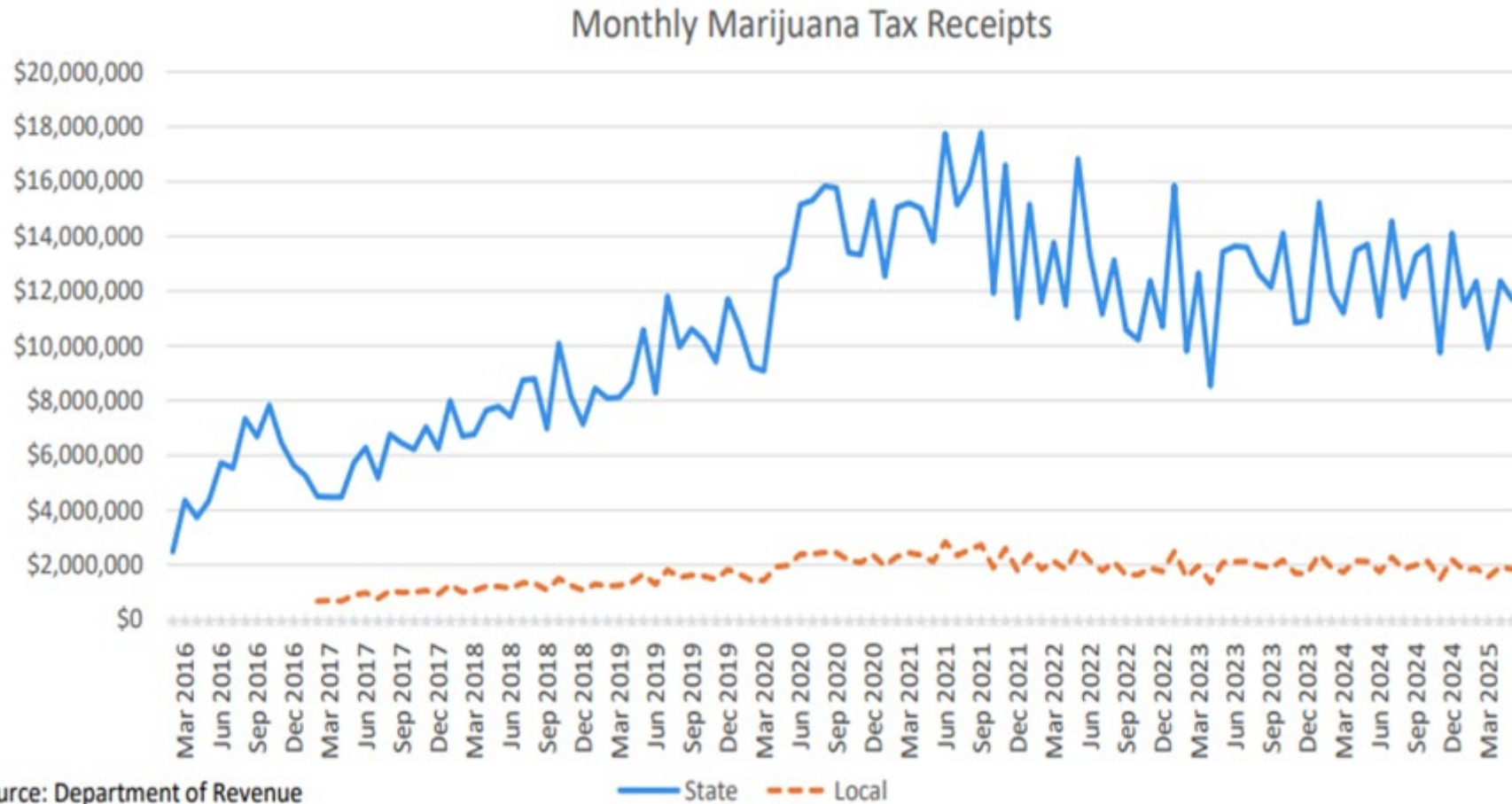




# Leveraging Cannabis Tax Revenue: Oregon



## Marijuana Tax Net Receipts: Estimated State and Local





- QUID and HeRo conversations
- Feared repeat of terrible 2024-2025 hospital Flu experience
- Changes to ACIP, Medicaid, and vax recommendations
- Hospital preparations for “miserable flu season”
- **Plans:** Joint media messaging, vax clinics, clinical outreach





# Tobacco and Vaping



- **January 1, 2021:** \$2 per pack tobacco tax increase in Oregon
- **January 1, 2021:** first ever tax on vaping products
- **Collective advocacy:** new tax revenue for Medicaid and public health
- **Future efforts:** vaping “flavor ban”, assess/address new products (e.g., nicotine pouches), sport physicals integration



# Key Takeaways: Principles of Collaborative Project Design



- ✓ Set a realistic timeline
- ✓ Prepare for staffing challenges (diversify)
- ✓ Consider short and long-term funding sources
- ✓ Stay ahead of bureaucratic drag
- ✓ Find measurable outcomes
- ✓ Prepare for the naysayers
- ✓ Communicate concisely and often





Betty  
Bekemeier



Pat  
Luedtke



**To ask a question, please click the Q&A icon in your Zoom toolbar!**



Tell us what you think about today's webinar:

1" QR  
Code



# Resources & Further Reading



## **Health Affairs**

Strengthening Public Health through Collaboration with Primary Care

<https://www.healthaffairs.org/content/forefront/strengthening-public-health-through-collaboration-primary-care-lessons-states>

## **Office of the US Surgeon General**

National Prevention Strategy

<https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>

## **Centers for Disease Control and Prevention**

Primary Care and Public Health Initiative

<https://www.cdc.gov/ophss/csels/dsepd/academic-partnerships/wip/primarycare.html>

## **deBeaumont Foundation**

Practical Playbook: Public Health and Primary Care Together

<http://www.debeaumont.org/practical-playbook/>



# Resources & Further Reading



## **Kindig, D., and Stoddart, G**

What is population health? *American Journal of Public Health*, 93(3), 380-383.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447747/>

## **Office of Disease Prevention and Health Promotion**

Health People 2030

<https://odphp.health.gov/healthypeople>

## **National Association of County and City Health Officials**

Public health 3.0 issue brief

<https://www.naccho.org/uploads/downloadable-resources/NACCHO-PH-3.0-Issue-Brief-2016.pdf>

## **National Association of County and City Health Officials**

2024 forces of change survey

<https://www.naccho.org/resources/lhd-research/forces-of-change>