



hot topics in practice

A Public Health Webinar Series by
Northwest Center
FOR PUBLIC HEALTH PRACTICE



Cross-Sector Collaboration: Finding the Win-Win

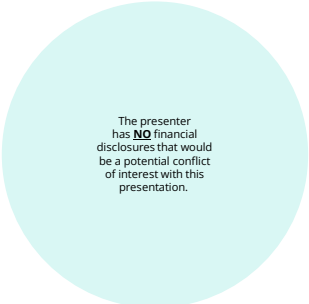


Pat Luedtke
 Senior Public Health Officer
 Chief Medical Officer
 Lane County Health & Human Services




www.nwcenterforph.org/hot-topics

1



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

2



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)

3



4

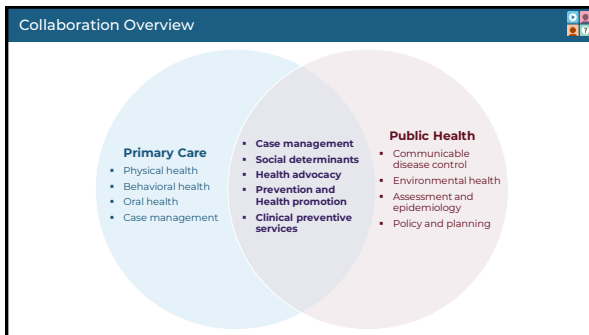


5

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

6



7

How PH and PC "Think"

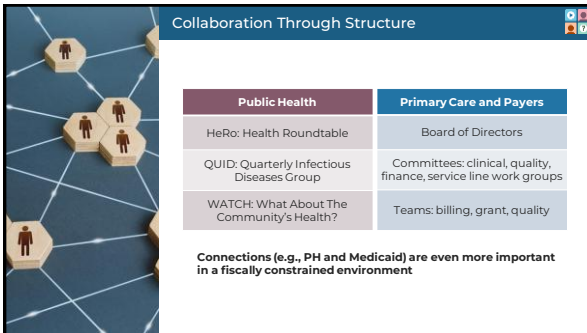
Public Health	Primary Care and Payers
Population level	Patient or member level
Programs and reportable diseases	Providers, panels, and problem lists
Assessment, policies, assurance	Workflow, quality metrics, safety
Elected officials and public input	Board of Directors, CMS, FTC

8

Opportunities for Collaboration

- 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?

9



Collaboration Through Structure

Public Health	Primary Care and Payers
HeRo: Health Roundtable	Board of Directors
QUID: Quarterly Infectious Diseases Group	Committees: clinical, quality, finance, service line work groups
WATCH: What About The Community's Health?	Teams: billing, grant, quality

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

10



Collaboration Through Structure


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 (PPF), clinical data, IT and quality systems (EHRs), billing data

11



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

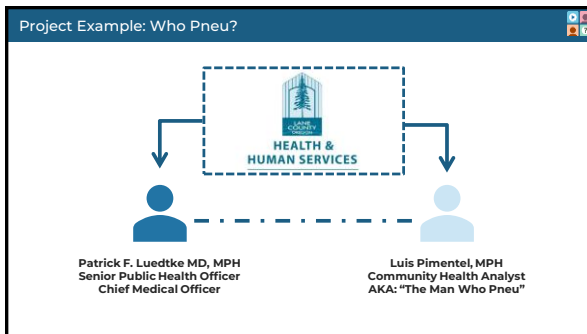
12



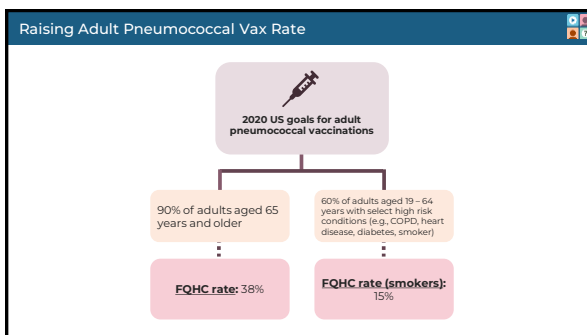
In what area(s) are you currently conducting cross-sector collaboration between public health and primary care?

- 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

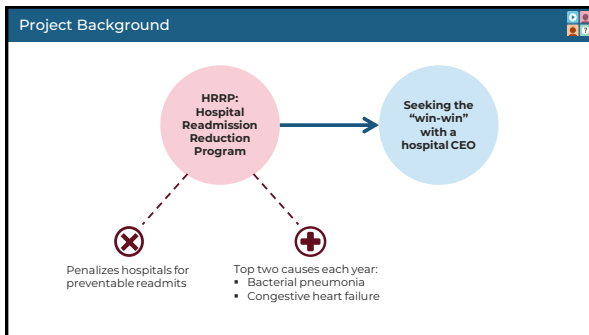
13



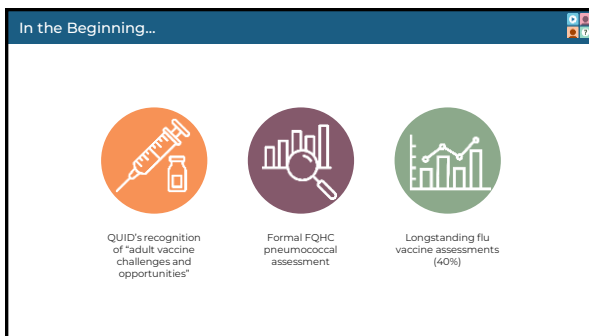
14



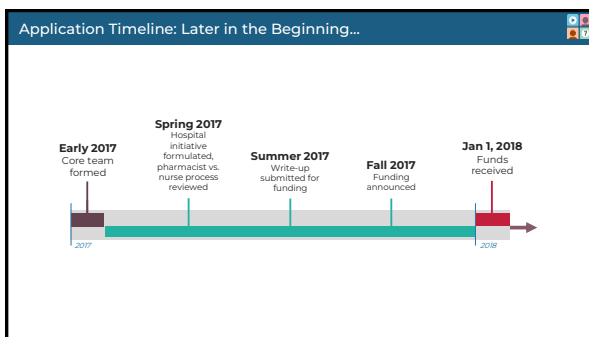
15



16



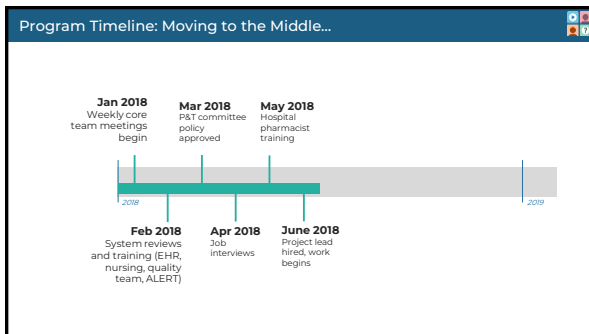
17



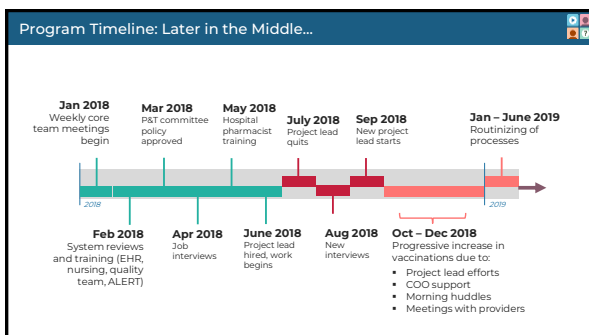
18



19



20



21

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 80% of high-risk individuals 18 to 64 to receive at least one pneumococcal vaccine.

The Project: Clark County Adult Health and Behavioral Services (CCHBS) joined a coalition of local health systems to launch a regional pneumococcal vaccination program. The program was designed to increase vaccination rates for high-risk patients and the general adult population. The program was designed to improve the health of patients and the community.

The Process:

- 1. Identifying local health systems and community organizations to partner with.
- 2. Creating a steering committee to guide the program.
- 3. Developing a plan for vaccine distribution and administration.
- 4. Implementing the program and monitoring progress.
- 5. Evaluating the program and making adjustments as needed.

The Results, July 2018-June 2019:

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

- Age 65+
- Diabetes
- Heart Disease
- Chronic Lung Disease
- Immunosuppression
- Asplenia
- Current or recent alcoholism
- Current or recent smoking
- Current or recent intravenous drug use
- Current or recent contact with someone with pneumococcal disease

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

PUBLIC HEALTH Clark County
PeaceHealth

22

Successes

- ✓ 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*


23

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)

24


Hospital Leadership




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

25

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

26


Opportunities to Collaborate, State by State




Alaska: Division of Epidemiology, Infectious Diseases, Surveillance & Laboratory



Illinois: Department of Health, Division of Disease Prevention and Control



Oregon: Public Health Division, Reporting for Laboratories



Washington: State Department of Health, Infectious Diseases

27




31

Future Collaborations?

<p>Cannabis prevention: where dollars meet disease</p> 	<p>Vaccines (2025 – 26 influenza prevention)</p> 	<p>Tobacco and vaping</p> 
--	--	---

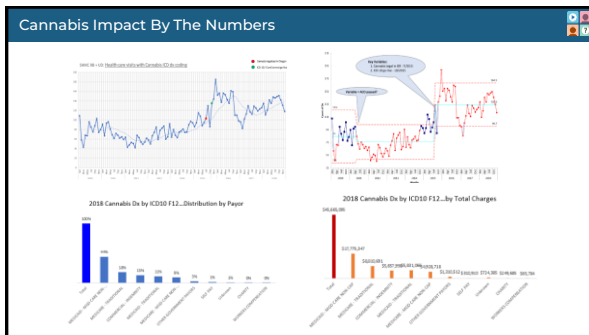
32

Cannabis Impact: Hospitals

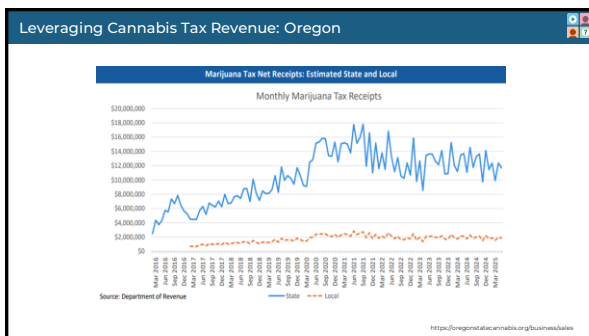


- Leadership at large local hospital brings issue to HeRO
- Recurring "divert status," even outside respiratory season
- Investigation: 350 to 400 bed days per month for cannabis dx
- Outreach to local public health for collaborative prevention work

33



34



35

Influenza Prevention

- 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

36



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


37

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

38

A Chat With Pat Luedtke

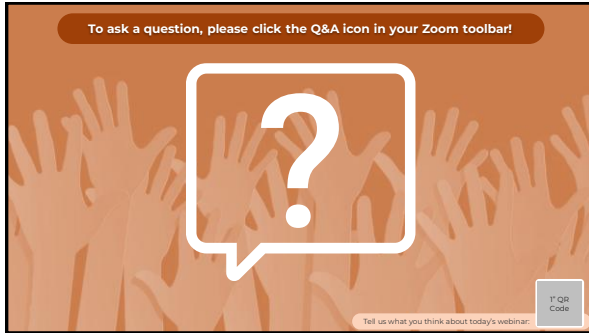


Betty
Bekemeier



Pat
Luedtke

39



40

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-learned>

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/cse/dsepd/academic-partnerships/wip/primarycare.html>

deBeaumont Foundation
 Practical Playbook: Public Health and Primary Care Together
<http://www.debeaumont.org/practical-playbook/>

41

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
 Healthy 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>

42
