It Takes a Team

An interview with Olmsted Medical Center’s Tim Weir

Tim Weir, M.H.A., M.B.A., FACHE, is chief executive officer at Olmsted Medical Center (OMC). As CEO, he is responsible for the oversight and administration of OMC operations. OMC, a not-for-profit organization, has been southeastern Minnesota’s hometown healthcare provider since 1949. OMC’s 160 clinicians and 1,000 healthcare professionals serve at 17 locations, including two outpatient multispecialty clinics, a Level IV trauma hospital with walk-in urgent care and 24-hour emergency room, two walk-in FastCare retail clinics in Rochester Shopko stores, a walk-in Skyway Clinic in downtown Rochester, and nine community branch clinics. Prior to joining OMC, he was vice president of ambulatory services at Baystate Health, an integrated academic healthcare organization affiliated with Tufts Medical School in Springfield, Massachusetts. Prior to that, he managed operations at Dakota Clinic in Fargo, North Dakota. Weir also serves as treasurer on AMGA’s 2019 Board of Directors. Group Practice Journal interviewed him on the challenges of leadership and change management.

GPJ: As the CEO at Olmsted Medical Center, what has been one of your biggest leadership challenges and how did you address it?

Weir: As I think about this question, a couple of recent transformations within our organization come to mind. The first transformation: recruiting for three senior leadership positions. At the end of 2017, three key leaders—our chief nursing officer (CNO), chief operational officer (COO), and chief information officer (CIO)—retired from the organization. Together, they had 102 years of service. Although expected and planned retirements, their departures meant a loss of institutional knowledge and a loss of the skills and relationship-building that come with years of experience within the same organization. These retirements also meant we would be bringing in three new individuals, with new ideas and work styles, to join six other individuals to form a new senior leadership team. This “challenge” presented an opportunity for me to reorganize an organizational structure that had been in place for many years. In addition to recruiting for the positions of CNO, COO, and CIO, we re-emphasized our physician leadership and introduced three new senior positions on the medical side. These three division chairs are paired with an administrative partner. OMC operates with a dyad structure, meaning each administrative leader is paired with a physician leader.

The second transformation was the implementation of Epic Systems as our new, combined electronic health record and revenue cycle system and Oracle for our enterprise resource planning (ERP) requirements. Previously, we had two distinct vendors for our medical records: one for inpatient and one for outpatient. The implementation was accomplished on an accelerated time frame due to an unexpected vendor termination notice. From the selection of Epic as our vendor until we went live was approximately 12 months.

Was our implementation successful? Yes, in part because I was fortunate to have really great, hardworking people who pulled together to do what was needed.

GPJ: How have you typically sold the idea of change management to someone who has had an evident resistance to it?

Weir: We all know that change is inevitable and constant. In health care, change happens for a variety of reasons, such as regulatory changes and governmental requirements, declines in reimbursement, movement toward value-based care, clinician and staffing recruitment and retention challenges, and patient expectations related to their experience. These changes, and others not mentioned, are on top of the changes happening as a result of continually evolving technology and how the practice of medicine is evolving in an increasingly competitive environment.

To help someone who may be resistant to change, it’s important to understand what is behind their resistance. In some cases, it is the fear of the unknown. In other cases, it is a concern related to changing a comfortable workflow or the amount of time it will take—in an already busy day—to learn something new.

You have to actively and openly communicate and guide them to a comfortable place where you can address your mutual goals. Listening is important. By listening, you can learn about the barriers people have related to their role or position in the organization. I am far from perfect in this arena, and patience is an attribute that I can certainly improve.

GPJ: What do you feel is the hardest part, as a non-physician, communicating and working with physicians?
toward a shared goal? How do you overcome that challenge?

Weir: I feel very fortunate that, over these past 28 years, I have had the honor and privilege of working with numerous physicians in a variety of organizational settings and committees. I am dependent on a physician’s expertise and knowledge of the delivery of patient care to ensure that we provide the safest and highest quality experience for our patients. To be effective as a partner, I recognize that sometimes we speak a different language and that our priorities may be different. This means that we need to change how we are describing or addressing a situation that needs to be resolved. For the most part, it really is about communication. It’s about reprioritizing the hierarchy of each person’s individual goal and working toward speaking in the same language.

At OMC, we are fortunate to have dyad relationships, or partnerships, with physicians and executive and leaders across all levels of directors, vice presidents, and president and CEO roles. This allows us to spend time, both formally and informally, discussing issues and coming up with a way we can communicate an effective solution.

How do I overcome the challenge of communicating and working with physicians? Many of the best lessons come simply through time and situational experiences. Develop an honest and trust-based work environment where we assume best intentions, and enhanced communication will follow.

GPJ: What’s the biggest misconception about what you do in your role with OMC?

Weir: I think the biggest misconception of many leadership roles ... is that a leader needs to be involved in all decision-making. I think the biggest misconception of many leadership roles is that a leader needs to be involved in all decision-making. And, in our organization, no decision can, or should, be made without also ensuring it fits with our mission.

GPJ: What’s the best piece of advice you ever received from someone you worked with as you were progressing through your career?

Weir: I recall my fellowship year after graduate school working in a healthcare organization that was just beginning to move into physician practice integration as a strategy. My role was to assist with practice evaluation and efficiencies, as well as to integrate the staff into our health system policies and procedures. I was feeling proud of my relationship with a senior physician in the group and, after the year had ended, I was offered a position to stay on with the health system. I declined the position and recall meeting with this particular physician and letting him know that I was moving on to a different organization. He listened and I expected him to convey that he wished I would remain part of the team. Instead, he share with me the following: “As you progress through your career, remember that the graveyard is full of irreplaceable people.” The point was that none of us are so valuable to a process or to an organization individually, but we are all important together as a team.

I believe that I, as a leader, need to have humility and realize that we each have a function or job and we all do it exceptionally well.

GPJ: What is the most innovative thing you’ve experienced or witnessed as a professional in health care?

Weir: I would have to state that the advances made in biomedical technology and the burgeoning artificial intelligences developments are fascinating to monitor and embrace as appropriate. This has also lent itself to a variety of non-traditional businesses and private equity organizations stepping into the healthcare environment, which will continue to disrupt the “classic healthcare delivery system.” I don’t believe it is always innovative, but I find it amazing: The continued merger of systems around the country.

GPJ: What is one issue that you feel most in the health industry aren’t talking about, but should be? What has been your approach to this issue?

Weir: Although there has been talk in communities across the country about the “Silver Tsunami” (adults over the age of 65) and how it will have an impact, there has not been a lot of conversation on addressing this from a healthcare perspective. Here in Rochester, the Silver Tsunami appeared on the radar as a concern a few years ago when Olmsted County conducted their Community Health Needs Assessment.
In health care, there have been many conversations about population health but relatively few conversations about helping with issues and stresses related to aging adults, and there have been even fewer discussions about how to assist their family members who may be trying to help them age in place. Every community, including Rochester, has a number of nonprofit organizations that provide resources, but they typically offer only one or two pieces of the aging pie. And, in many cases, there are no or limited resources to help family members because the nonprofits only have the time and resources to help those immediately impacted, the aging adult.

Health care is on the front lines of the Silver Tsunami, yet most providers only provide the medical care and, if they see a need, offer referrals to resources available in the community. There is no one place where aging adults and their family members can go to find help.

What are we doing about this at Olmsted Medical Center? We are creating an Aging Adult Services program. Through many conversations, we realized that, although we have everything within our walls to help aging adults, the services were handled in a variety of ways and in multiple departments. This new program will put all services under one umbrella and help create a one-stop opportunity for aging adults and their families. The program will provide programs, services, and resources, as well as promote wellness and help coordinate care for aging adults and their family members.

We are excited about this opportunity to help make a difference in the lives of our aging patients and their families. It’s important to clarify that OMC’s Aging Adult Services program is not meant to replace services offered by the nonprofits in our community. We will actually be partnering with those nonprofits, but doing so in a more coordinated way for our patients.