



Finding Optimism in Times of Crisis

An interview with Olmsted Medical Center's Tim Weir, M.H.A., M.B.A., FACHE



As Chief Executive Officer, Tim Weir has been providing system administrative leadership for Olmsted Medical Center (OMC) since 2006 through a dyad leadership model. He is also chair of AMGA's 2022 Board of Directors.

OMC, a not-for-profit organization, has been southeastern Minnesota's hometown healthcare provider since 1949. OMC's 180 clinicians and over 1,200 other healthcare professionals serve at 22 locations, including two outpatient multispecialty clinics, a primary care/walk-in clinic at Miracle Mile, a Level IV trauma hospital with 24-hour emergency room, two walk-in FastCare retail clinics, a walk-in Skyway Clinic in downtown Rochester, and 11 community branch clinics.

Weir has supported his administrative and medical leadership team as they have helped OMC achieve numerous clinical and strategic initiatives in support of the Rochester and surrounding communities' healthcare needs.

Weir is active on local, regional, and national boards. This includes currently serving as a member of OMC's Regional

Foundation, member and past chair of Greater Rochester Advocates for Universities and College (GRAUC), member of West Bank Rochester Community Board, member of Saint Mary's University of Minnesota Council Regents, past regional treasurer and current member, Policy and Advocacy Committee, Minnesota Hospital Association, national member and current chair of AMGA Board of Directors and Executive Committee. He is a fellow in the American College of Healthcare Executives (FACHE).

Weir holds a master's degree in healthcare administration, M.B.A. from the University of Iowa, and a B.A. from the University of Minnesota—Twin Cities. Before coming to Rochester, Weir served as Vice President—Ambulatory Services at Baystate Health System in Springfield, Massachusetts, a 13,000-employee regional nonprofit Level 1 Trauma academic organization affiliated with Tufts Medical Center. Prior to Baystate, he was assistant administrator of operations for Dakota Clinic—Innovis Health in Fargo, North Dakota, a for-profit multispecialty system in North Dakota and Minnesota.

Group Practice Journal interviewed him on the challenges of leadership during times of crisis, the impact of COVID-19 on healthcare delivery, and his priorities for AMGA.

GPJ: COVID has undoubtedly upended almost every facet of how we receive and deliver health care in the United States. How do you feel the pandemic has forced healthcare leadership to reevaluate how to provide care to people?

Weir: In many ways, the COVID-19 pandemic quickly highlighted the perhaps archaic way that many of our organizations had been delivering healthcare services. In particular, Olmsted Medical Center needed to reevaluate how

patients were scheduled and how and where they were seen. The pandemic caused us to reflect on the status, accessibility, and convenience of our clinic locations, the use of technology, as well as the health disparities that have been further illustrated by the pandemic and the ensuing impact on various patient populations. Our organization continually messaged patients with COVID-19 information but also reminded patients that they could be confident in coming in to be seen if needed and not to

delay seeking care for important appointments. Delivery of care required more resources and staff than before, and the impact on healthcare staff resilience has been significant. At the same time, we have seen some of the very best in our organization and in healthcare teams across the country in terms of innovation, responsiveness, and patient-centeredness. Our healthcare employees' commitment to our patients and communities has been evident at every stage of the pandemic response.

GPJ: *Much like how 9/11 created a pre- and post-world notion of the United States' perspective on international foreign policy, politics, and the dynamics of safety vs. security, COVID will certainly create its own pre- and post-contrast in regard to the health of the individual and the health of the greater population, the value and importance of immunizations, and our own collective readiness for medical emergencies. What can you predict for our post-COVID world?*

Weir: There have been many lessons learned within healthcare services but also within society. These past 20 months have shed light on our interdependence regionally, nationally, and internationally, in almost all aspects of our daily lives. This connectedness has included medical supplies distribution, shipping and transportation, travel, agriculture, information technology, monetary and fiscal policies, plus so many other aspects of our professional and personal lives.

I also believe that the pandemic has allowed us to reflect on the blending and perhaps blurring of lines between the obligations of city, county, and state public health departments and the obligations of healthcare delivery systems. We need to continue to dedicate time and resources in order to develop partnerships that create solutions addressing the social determinants of health and related health disparities.

We have learned valuable lessons, and I am optimistic that these lessons can be leveraged to mount a more efficient and robust response to any future epidemic/pandemic. Our society tends to have a short memory even with such traumatic events. I feel it is the responsibility of our entire AMGA membership to never forget and do our part to

ensure that our healthcare organizations, cities, counties, states, and nation maintain readiness to allow us to respond optimally to the next pandemic or other crisis.

GPJ: *The pandemic had some profound financial repercussions for medical groups and health systems. How do you think the move to value-based payment is progressing in light of events over the past two years?*

Weir: OMC was fortunate in that, a few years prior to the pandemic, we began to participate in a Medicare Accountable Care Organization (ACO). This allowed us to develop our information technology architecture, hire and establish a robust care coordination program, and implement a transition of care department. We have continued on this path with downstream risk for our patient population, and we feel confident in our program elements, data reports, and patient hand-offs. On the commercial side, payers have been slow in establishing a workable value-based model, but we hope to continue with these important discussions.

GPJ: *What are your thoughts on new models of care that have emerged as a result of COVID (i.e., hospital at home, expanded telehealth, etc.)? How is your organization approaching these new models?*

Weir: If there has been a silver lining to the ongoing pandemic, it is simply that we have had to become more innovative and nimbler as we continuously review and improve our patient care models. At OMC, as with all healthcare organizations, we quickly established a telehealth program that had been practically nonexistent before the pandemic, but our virtual care ramped up to approximately 35% of all our patient visits at

one point. It has since decreased to a level of closer to 10% of visits, but the architecture of telehealth visits has been established and has proven to be very effective for many clinical services. These include psychiatric services, social work, pre-procedure education, post-procedure follow-up appointments, and dietary consults, to name a few areas. In addition to telehealth services, we have implemented an active aging services department to further develop our care models not only in long-term or transitional care units, but also to incorporate monitoring daily activities for patients in their home settings. We may not embark on an official hospital at home strategy, but our strategic direction as a community healthcare provider is to embrace partnerships and strategies that allow us to manage and influence our patients' health and social well-being wherever possible—at their work environments, in their respective living accommodations, or by offering multiple points of access and coordination experiences along the healthcare continuum.

New models of care also impact and extend to the care of our employees and ability to meet new employment expectations that have formed during the pandemic. Business as usual will not be the case moving forward, and organizations that are flexible and have strategies to accommodate new employment models will excel in recruitment and retention of high-quality employees. Alternatively, those organizations that do not embrace the “new workplace” will have a more difficult time maintaining the staffing levels required to care for our patients.

Our healthcare employees' commitment to our patients and communities has been evident at every stage of the pandemic response.

GPJ: *How as a leader have you been able to manage the personal, emotional, and mental toll the pandemic has caused on those within your organization? How do you maintain any sense of continued drive when this has gone on for so long? How do you provide a sense of optimism to your teams?*

Weir: The most disheartening aspect of the pandemic to me is that, currently, thousands of Americans continue to die every week from a disease that is preventable through vaccination. What keeps me going is the exemplary profiles in courage of not only healthcare workers, but also all essential workers throughout the United States who have risked their lives to provide essential services, especially those early in the pandemic prior to the development of the vaccine.

I take heart in the amazing resiliency, courage, compassion, and competence of our AMGA members in providing extraordinary care to extremely complex and seriously ill patients. Playing a role in necessary decisions that have allowed OMC and all our AMGA members to respond to the pandemic provides me with a great sense of optimism. At OMC, I have expressed my admiration to our executive staff through one-on-one conversations. Dr. James Hoffman, our president, and I have expressed our sincere appreciation to the entire staff via frequent communications across several different platforms. We have modified but maintained our annual holiday parties and outdoor picnics as a means of staff appreciation. We have also delivered donated meals to staff. In addition to gestures of appreciation ranging from frequent communications, meals, retention bonuses, and enhanced shift differentials, we hosted a professional comedian via Zoom to lift spirits of staff during one of our staff events, increased the availability of lactation spaces to support our staff who are new mothers, provided virtual meditation breaks and exercise classes for our employees, and many other department-specific resilience options, like a new rejuvenation station for our emergency department staff.

GPJ: *In times of crisis, even the most steadfast leaders can find themselves at a loss for what to do next. Who do you turn to in those moments? Can you provide an example of when you needed to lean on others?*

Weir: As we all have learned over many years of management and leadership, I realize daily there are topics for discussion and decisions that require insight that I may not have in order to render the best recommendation or decision. Within OMC, perhaps due to being in a mid-sized healthcare system, one of my common mantras is, "There is nowhere to hide, so you may as well get in the game." This belief has proven to be beneficial in countless ways throughout my career, and most importantly here at OMC over the past 16 years. The

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past 20–22 months have been replete with instances when I have sought advice from my colleagues, particularly with our unprecedented decision last year to furlough and reduce pay for nearly 50% of our staff. It was a decision that was made in consultation with Dr. Hoffmann, and after many discussions with our senior leadership team and Board of Trustees. Fortunately, by the end of the year, through the hard work of all members of the organization, we were able to retroactively make whole all clinicians and staff members with salary restoration, and all furloughed staff were brought back to work once again.

Most importantly, I have been fortunate to have an incredibly solid and supportive family who have traveled many miles with me over my 30-plus years of healthcare administration. As my wife, Meg, and I continue in our 34th year of marriage, our kids and new granddaughter have been gifts that keep on giving.

GPJ: *COVID vaccination has, unfortunately, become a true point of contention between family members and within health systems. How are you addressing this particular challenge within your organization? What has been the cost of vaccine mandates for health systems, and how can these challenges be overcome?*

Weir: You are accurate that this has been a challenge over the past year as vaccination options first became available within our community and for our employees. We quickly established community vaccination clinics for our patients and employee clinics for our staff as they became eligible according to our state process for eligibility. We rapidly approached approximately 83% vaccination rate among all volunteers and staff within our organization. However, as the pandemic continued to spread, we continued to experience organizational impact across OMC as our own staff needed to be isolated and/or quarantined, resulting in staffing and operational impacts. It was quickly apparent that our patients and our own leaders and staff demanded more when they received care at any of our 25 locations in Rochester and the surrounding communities.

We announced in early August 2021 that by November 19, barring approved specific medical or religious exemptions, all members of the OMC team needed to be vaccinated against COVID-19. This did cause some disruption, and we had about 3.5% of our employees resign, be terminated, or involuntarily terminate for non-compliance. However, as 93% of our team has been vaccinated as of November 19, we feel comfortable in our decision. Ultimately, this vaccination requirement is like others before it—to maintain the safest possible patient care and workplace environment and to

support community health. How we will continue to address these challenges is simply through frequent education and communication and through respect for each other. It is a journey for all of us, as COVID will remain with us for a long time. Our patients and colleagues continue to thank us every day for doing what is best in creating the safest healthcare delivery system possible.

GPJ: *What have you learned that you might not otherwise had the pandemic never occurred?*

Weir: I am not sure that there was one singular learning moment, as much as there was a poignant reminder. The reminder is to never forget or discount the depth of compassion and collaboration that all members of our organization have continued to demonstrate over these past 20–22 months. I believe that every person in health care at some level has chosen this field due to a sense of obligation to help their community and one another, and this has been illustrated each and every day at OMC. Looking back, one key moment in the timeline was how shockingly quickly we were able to shut down our services due the state mandate to discontinue all elective surgical cases. Within a week, we

consolidated or reduced our clinical and outpatient activity by at least 50%, established rotating clinical teams, started to stand up telehealth services, and created a workforce that was immediately mobile to wherever was necessary. This included athletic trainers being door screeners or materials management crew members, and OR staff moving to provide bedside care or phone triage. This is a moment in time that I hope we do not need to repeat in the future.

GPJ: *Through the course of this pandemic, as a leader, what has been your moment of biggest disappointment? By contrast, what has been your proudest moment?*

Weir: These past 20 months have been some of the most challenging times that we have all faced in health care. The abruptness was unprecedented in which we had to discontinue surgical and diagnostic services, consolidate or close clinic locations, experience an immediate 50% decline in operational revenue, all while still supporting a higher level of patient care required within our community. My proudest moment was, and continues to be, the selfless personal actions taken by our team members, the depth and strength of the community and healthcare partnerships forged, and the new models of

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care developed within weeks and even days. The collaboration across the organization, coupled with rapid decisions and deployment, is an operational culture shift and one that we strive to maintain today. I would be remiss if I didn't once again cite here my gratitude and appreciation for all members of OMC. The managers, directors, physician leadership, and all members of senior leadership are outstanding individuals, and I am fortunate to be a member of our team.

A personal operational disappointment was my lack of insight regarding the fragility of our supply chain and our lack of options for supply chain redundancy. It quickly became apparent that our reliance on singular vendors for necessary supplies was not effective and a hard lesson learned during this pandemic.

GPJ: What do you see as your biggest priorities for AMGA as our new Board Chair?

Weir: It has been such a remarkable privilege these past eight years to have been a part of the AMGA Board of Directors and an honor to be the AMGA Chair in 2022. Over the past several years,

the exceptional AMGA staff led by AMGA President and CEO Dr. Jerry Penso and my predecessor Board of Directors Chair Dr. Grace Terrell have done a superlative job of demonstrating that AMGA is the most relevant resource for all medical groups and integrated healthcare systems across the country.

AMGA's priorities will continue to be assisting organizations in their movement to value, demonstrated by progressive development of new care models and supported by innovative operational efficiencies. This initiative will be bolstered and supported through our advocacy for payment sustainability and quality initiatives and research projects related to care outcomes through AMGA Foundation.

During my term as Chair of AMGA's Board of Directors, I will work in conjunction with all members of our AMGA board and staff to be progressive and proactive in our payment reform advocacy, share innovative solutions to meet the healthcare and social determinant challenges we all face, and lead in embracing the necessary diversity and inclusion responsibilities within our workforces and leadership teams to be effective. [GPJ](#)

ADVERTISERS INDEX

| | |
|--|--------------------|
| AMGA 2021 Medical Group Compensation and Productivity Survey | 7 |
| amga.org/compsurvey | |
| AMGA 2021 Medical Group Operations and Finance Survey | 47 |
| amga.org/opsandfinance | |
| AMGA 2021 Medical Group Telehealth Survey | 5 |
| amga.org/telehealth-survey | |
| AMGA 2022 Annual Conference | 15-18 |
| amga.org/ac22 | |
| AMGA Consulting | 43 |
| amga.org/wellness | |
| AMGA Executive Recruitment | Inside Back Cover |
| amgaexecutiverecruitment.com | |
| AMGA Solutions Library | 33 |
| amga.org/solutions | |
| ISMIE | Back Cover |
| ismie.com/vaccines | |
| ProAssurance | Inside Front Cover |
| proassurance.com | |
| Rise to Immunize | 41 |
| risetoimmunize.org | |
| SCCE/HCCA | 3 |
| hcca-info.org/2022CI | |