2024 Election for Board Director
Candidate: Gregory L. Alexander

Professional Title & Affiliation
Professor, Columbia University School of Nursing

Personal Statement / Short Biography
My professional goals include working in an environment supported by an interdisciplinary team of researchers and policy experts focused on improving quality and safe delivery of care, with a specific focus on informatics in long term care. Professionally, I will work in an arena where health policy is discussed, reacted to, and evaluated to determine its impact on communities served by healthcare professionals. I will collaborate with federal agencies through grant research, professional societies focused on informatics issues, and as a consultant that focuses on health policy and research. I will work in the nursing profession to develop nursing knowledge and promote nursing education. My program of research is focused on building evidence to support the use of technologies to enhance patient care delivery with a focus on long term care. I use human factors principles, patient safety mechanisms, quality improvement methods, administrative databases in quality, and event reporting systems to evaluate how technology impacts nurses and patients within our profession. I am particularly interested in initiatives that address linkages between quality measurement and use of health information technology used to support patient care in long term care systems. As an AMIA Board Member I can assure that informatics in the long term care sector are being considered and addressed at the highest level of thinking regarding informatics applications across the continuum of care. My qualifications and experience are highly relevant and needed for the AMIA Board and its membership.

Please describe your leadership skills and experience, inside and outside of AMIA
Board members are expected to think strategically and analytically and be able to effectively communicate their thoughts and the reasons for them. A demonstrated understanding of the differences between oversight and supervision is also desired.
Through various national and international appointments, I have been expected to think strategically and analytically and to communicate effectively my thoughts and reasons for them. I served as an appointed National Advisory Committee (NAC) member to the Agency for Healthcare Research and Quality (AHRQ). As a NAC member I advised the Secretary of Health and Human Services (HHS) and the Director of the Agency for Healthcare Research and Quality (AHRQ) with respect to activities proposed or undertaken to carry out AHRQs statutory mission. Under our advisement AHRQ was to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of HHS and with other partners to make sure that the evidence is understood and used. In another leadership role, I served as an appointed member of the National Academy of Science, Engineering, Medicine's (NASEM) Consensus Panel on the Quality of Nursing Home Care. The final report released in April 2022 was titled The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff. The committee recommended strategic directions to improve the quality of care in U.S. nursing homes. The committee identified seven broad goals, which provide the overarching framework for a comprehensive approach to improving the quality of

care in nursing homes. The committee developed an interrelated set of recommendations to achieve each of these goals. In particular, the committee recommended enhanced preparation for emergencies, improvements in resident care, strategies for building a high-quality workforce, opportunities to strengthen financing and payment systems, increased transparency and accountability for services rendered, and a blueprint for building nursing home systems in the U.S. that provide dignity, respect and protection for the lives of older adults. Additionally, as a member of the National Quality Forum Measures Application Panel, Hospital Workgroup member (2014-2018) I helped to guide the Centers for Medicare & Medicaid Services on the selection of quality measures for federal health programs.

I am a long-serving nursing scientist in the American Medical Informatics Association (AMIA) and the Midwest Nursing Research Society since 2001. My tenure included Chair, Chair Elect, and Member at Large for two working groups including the MNRS Health Sciences Policy and Informatics Research Interest Group and the AMIA Nursing Informatics Working Group. Currently, serving as the elected U.S. IMIA NI Representative. I previously served on the Alliance for Nursing Informatics (ANI) Steering Committee and Governing Board representing 25 national nursing informatics organizations around the globe.

A career goal is to leverage my expertise and scientific research to influence information technology (IT) adoption by advancing discoveries of linkages between IT and quality measurement, spanning the continuum of care. Major contributions include Chairing the Office of the National Coordinators HIT Care Management and Health Records Technical Committee (2008-2010), responsible for development and adoption of meaningful use measures.

Please describe your experience and accomplishments in informatics

My professional contributions to advance informatics internationally and nationally derive from several sources. I began my doctoral career as a predoctoral informatics student funded by the National Library of Medicine. This is where I began creating, publishing, and disseminating theoretical models and innovative instruments to build scientific evidence demonstrating linkages between HIT and nursing home (NH) quality of care, which are not reported regularly. My first international presentation of many addressing these issues was at MedInfo 2007 in Brisbane Australia. Through my advocacy, research, and service I continually emphasize that long term care including nursing home and community care delivery provides an exciting and new area of informatics exploration for AMIA members. One of my most recent AMIA presentations stressed this important area of science titled: National Academy of Science Engineering and Medicine Recommendations: Improving the Quality of Care in U.S. Nursing Homes, was at the Clinical Informatics Conference in Houston. I also served on the Program Planning Committee for the AMIA CIC 2022. I currently am serving as the U.S. IMIA NI Representative as a member of the AMIA NIWG leadership. By identifying and participating in important clinical and policy initiatives, as mentioned (e.g. AHRQs NAC, NASEM), AMIAs visibility in these new emerging informatics areas would help meet AMIAs mission and expand its priority areas, which could lead to wider policy contributions and more diverse membership. For instance, NHs were not part of federal incentives to improve meaningful use of HIT. This decision created gaps in NH infrastructures, where thin operating margins persist. Lack of funding created infrastructure gaps in rural areas causing greater inequity and poorer access to care, contributing to growing awareness of limitations of providing high quality of care to patients in these locations. These issues were recently addressed in a International

Summit on use of Information Technology for the Care of Older People (IS-ITCOP) (June 2024) that I Chaired. The Summit brought together nearly 40 leaders from across the world to discuss informatics issues in this important healthcare sector. The Summit was funded by AHRQ (Alexander PI) and was composed of LTC experts, vendors, professional societies, policy experts, federal agencies, etc. I have also been a member of the Long Term Post Acute Care (LTPAC) Collaborative for over 10 years which meets weekly via zoom calls. I have served on the executive program planning committee for the past several annual Summits. The Collaborative has disseminated four roadmaps over the last 10 years for LTPAC HIT which I have co-authored to guide policy development, adoption and implementation of HIT solutions in LTC, quality measurement activities, and workforce enhancements required to strengthen quality of care enhanced by HIT applications in LTC.

I was a Fulbright Scholar and Visiting Professor to Macquarie University in 2017, Sydney Australia to study HIT roadmaps in LTC. Currently, I am serving as a Fulbright Scholar Ambassador for the International Institute of Education, giving lectures globally on the benefits of Fulbright for nurses and other disciplines. During my Fulbright, I was also awarded sponsorship to organize and deliver an Aged Care Lecture Series in New Zealand also focused on advancing HIT roadmaps in LTC. This work was conducted in two phases. In phase I, I lead an international team that conducted a focused exploration of four LTC HIT roadmaps, developed by members of four different LTC HIT collaboratives in United States, Australia, United Kingdom, and New Zealand. During Phase II the research team carried out an extensive systematic review of existing literature sources (2000-2018) to support roadmap assumptions. Using converging domains and content, we offered recommendations among five aged care roadmap domains: Strategy/Vision, Continuing Care Community, Services and Support Provided, External Clinical Support, and Administrative. Within these domains we provide recommendations in five content areas: Innovation, Policy, Evaluation, Delivery Systems and Human Resources. We recommend future strategies for LTC HIT roadmaps that included 61 emphasis areas in aged care among these content areas and domains. I published this work with the team in the International Journal of Medical Informatics in 2020. Since 2017, I have continued working with the Aged Care Industry IT Council in Australia conducting research leading to a report describing Residential Aged Care Facilities use of clinical software through a national environmental scan. We delivered a Care IT Project report to the Minister of Aged Care, Department of Health (2020) outlining recommendations for IT adoption to improve quality of care for Australian citizens. In July 2022, I have been asked to return to Australia to keynote the Aged Care Industry Information Technology Councils Conference and to conduct an Australian Tour that includes participation on two national roundtables addressing service delivery models using HIT and workforce. Additionally, the tour includes a presentation in Canberra to the Department of Health Australian Digital Health Agency on standardization and data in LTC.

Share any unique skills or perspective you bring to this role
I represent one of the few members of AMIA who works on policy, research, and clinical informatics applications in long term care settings. I hold several positions on nationally recognized collaboratives including the Long Term Post-Acute Care (LTPAC) HIT Collaborative which has

representation from ONC, CMS, LTPAC HIT vendors, LTPAC professional societies, foundations promoting LTPAC quality of care initiatives. I have been serving (2022-2024) as the HIT lead on Committee 7 for the national Moving Forward Coalition which is developing a HIT readiness guide and staging model for HIT adoption in nursing homes. I was the lead of an American Academy of Nursing Policy Dialogue held August 2022. During the AAN policy dialogue I lead an interdisciplinary team of LTC experts who discussed the U.S. nursing home industry and recommendations from the NASEM report. Our purpose was to create actionable goals to address the NASEM recommendations. In particular, Goal 7 recommends that health information technology be adopted in all nursing homes. The goals we recommended included 1) that CMS and ONC should create a pathway to provide financial incentives for nursing homes to adopt certified EHRs, 2) develop measures for HIT adoption and interoperability in nursing homes consistent with other reporting systems, 3) measure and report staff, resident, and family perceptions of HIT usability in nursing homes, 4) CMS and HRSA should provide financial support for workforce training programs emphasizing core HIT competencies, and 5) ONC and AHRQ should fund rigorous evaluation studies of HIT and interoperability use. As a member of the NASEM committee who made these and other recommendations I have been disseminating information about the report widely.

Please describe your teamwork experience and skills
I have worked within AMIA for years collaborating on various events and activities that required me to lead teams and work with others to arrive at important decisions that include both authoritative and fiduciary duties. A recent example is that I have worked the past three years as the AMIA NIWG Fund Raising Chair to obtain funding for our annual Sunday event and Business reception following our annual leadership meeting at the conference. I worked with AMIA staff to develop operating guidelines and a document to support the fund raising activities used by the AMIA fundraising Chair. Our team has successfully obtained approximately $20,000 each year for the past five years to fund AMIA NIWG programs to achieve our working group goals. As Chair of NIWG I have also been actively involved in creating and leading an awards nomination and selection committee for our two NIWG paper awards for nurses as first authors and for students. I have worked with AMIA staff and membership to assure that AMIA NIWG operating guidelines meet criteria established for working groups to give awards ethically. I am currently working with a team from the the American College of Medical Informatics (ACMI) organizing our 2025 ACMI symposium.

In other work, as a Fulbright Alumni Scholar Ambassador in The Institute of International Education (IIE) in collaboration with U.S. Department of State's Bureau of Educational and Cultural Affairs, I expanded engagement with the U.S. higher education communities through the organization's outreach efforts. As an Ambassador, I am an official representative of the Fulbright Scholar Program giving national lectures. Internationally, the Australian Aged Care Industries Information Technology Council (ACIITC) was funded by the Department of Health and Minister on Aging to deliver the Capabilities in Aged & Community Care Readiness: An Evaluation of Innovation & Technology (CARE-IT) Report. As a consultant member of ACIITC, we offered nine recommendations to the Minister on Aging and Australia's Royal Commission to inform future strategic directions and

investment strategies. The project was the first to benchmark technology and innovation for the long-term care sector in that country, furthering the ACIITC 2017 Technology Roadmap technology and innovation building activities. Nationally, since 2006, I have worked with 13 National Institutes of Health and AHRQ scientific review officers participating as a Chair, permanent, and ad hoc member of national panels reviewing and commenting on federal grants. I have been co-editor for the Journal of Gerontological Nursing since 2010, and served on three editorial boards including the journal Applied Clinical Informatics. I have been a lead editor on three special journal issues including two informatics issues published in the Western Journal of Nursing Research (WJNR) and the Journal of Gerontological Nursing (JGN). I was also a lead on a special issue for JGN on Global Health issues in 2022.

AMIA Engagement and Participation

AMIA member – More than 20 years

2024-current	ACMI Retreat 2025 Planning Cmte
2024-current	Elected U.S. Representative to the International Medical Informatics Association - Nursing Informatics
2024-current	Working Group Coordination Cmte
2024-current	NIWG Leadership Development Cmte
2024-current	Working Group Coordinating Cmte
2024-current	IMIA NI 2028 Bid Development Team
2023-2024	Vice Chair Clinical Informatics Conference
2022-current	Public Policy Cmte
2021-current	Past-Chair Nursing Informatics Working Group (NIWG)
2021-current	Scientific Planning Cmte CIC 2022
2021-2023	Chair-NIWG Leadership Development
2021-current	AMIA NIWG Fundraising Chair
2018-2020	Working Group Steering Cmte
2018-2020	Chair-NIWG
2017-2018	Chair-Elect NIWG
2012-2015	Policy Cmte
2013-2014	Invitation Policy Summit Planning Cmte
2012-2014	Working Group Steering Cmte
2011-2014	Academic Forum Taskforce for Inter-professional Certification
2011-2012	AMIA Representative to Nursing Organizations Alliance (NOA)
2011-2012	NIWG Chair Nominations Cmte
2010-2012	Member-At-Large, AMIA NIWG
2010-2012	Member Standards Cmte
2008-2010	Bylaws Steering Cmte
2006-2008	Working Group Steering Cmte
2004-2005	AMIA NIWG Nominations Cmte Member
2003-2005	AMIA NIWG Leadership Team Student Rep.

Areas of Expertise

Health Information Technology; Health Services Research; Human Computer Interaction; Meaningful Use; Nursing; Patient Safety; Public Policy; Research