



## **2023 Election for Board Director**

### **Candidate**

Laura Heermann Langford

### **Professional Title And Affiliation**

COO, Logica

### **Personal Statement**

I am asking for your support to continue serving on the AMIA Board of Directors as a Director-at-Large because I believe in, and want to advance, AMIA's mission to lead the way in transforming healthcare through the science, education, and practice of informatics.

I have had the honor to serve as a Director-At-Large on the AMIA Board of Directors for the last 3 years. I have also had the pleasure for the last 4 years of co-leading the FAMIA Governance Task Force, and serving as the inaugural chair of FAMIA Executive Committee as the group transitions into its elected leadership. The last few years have brought some challenging issues to us as a society many of which have, and continue to affect the members of AMIA and our professional organization as a whole. Topics such as diversity, meeting venues and financial stewardship during evolving economics may not seem like informatics concerns, but these topics along with other often non-healthcare or non-informatics specific issues can have significant impact on the overall success of our professional advancement such as reduction of documentation burden and professional certifications.

Previously, I have actively participated in AMIA through several positions, including secretary and chair of the Nursing Informatics Working Group (NIWG), and as a member of the AMIA Policy Committee. Each of these experiences have contributed significantly to my growth and success as an informaticist. I am grateful for the opportunities AMIA has afforded me and I would like to continue giving back to our AMIA community by continuing to serve as a Director-at-Large on the Board of Directors. If re-elected I will continue to enthusiastically promote and support the diverse membership of AMIA. I understand the issues affecting informatics in academic and operational venues and will listen carefully to the needs of the membership for ongoing education, networking, and professional support. I will strive to bring a diverse membership voice to discussions on policy, standards, and other issues within the scientific and professional discipline. AMIA has a dynamic role in a constantly changing environment and I look forward to continuing to serve the informatics community and membership as a Director-at-Large on the AMIA Board of Directors.

The breadth of AMIA's membership representing research, academics, clinical operations, public health, genomics, and consumer informatics is unique among many professional organizations in healthcare. This blend of voices can guide healthcare into realizing the triple

aim of the best patient experience and the best population health at the lowest cost. We continue to experience a challenging environment with ever increasing burdens of quality reporting, electronic system utilization, and cost containment while also juggling rapidly changing regulations, policies, and technologies. In my experience working in various capacities at Intermountain Healthcare and with several non-profit organizations such as Logica, HL7, IHE, the Nursing Knowledge Big Data Community and HIMSS, I have worked side by side with interdisciplinary researchers, academics, and operations towards optimal care at optimal cost. Multiple interdisciplinary projects and workgroups have taught me the value of unique talents brought by each person to the team. At Logica, I have facilitated collaboration across clinical domains nationwide, encouraging broad participation from various agencies and other parties interested in improving interoperability in healthcare. At Intermountain Healthcare I led projects related to ambulatory care, inpatient care, and emergency care from ground up development through implementation on our legacy system as well as participated intimately on development and implementation projects of systems in partnership with academia and large and small vendors. During my role as Director of the Nursing Informatics program at the University of Utah I developed and taught classes in both traditional settings as well as online courses for not only the nursing informatics program but also blended courses co-taught with the biomedical informatics program.

At HL7, IHE, and other standards and consensus development groups I have held many leadership positions including but not limited to co-chair of the HL7 Patient Care Working Group, co-chair of the HL7 Emergency Care Working Group, co-chair of the HL7 Healthcare Standards Integration Work Group, and co-chair of the HL7 Clinical Interoperability Council. I am also a co-lead of the HL7 Clinicians on FHIR initiative. At IHE, I served as a co-chair of the IHE Patient Care Coordination Technical and Planning Committees. Through these roles I have facilitated highly controversial and detailed discussions of various interdisciplinary topics such as care coordination and care planning to reach the point of balloted and published interdisciplinary standards or consensus statements.

I am passionate about informatics and the absolute necessity of applying strong informatics practices to provide the best healthcare possible. The diverse membership of AMIA that incorporates many different informatics voices, including nursing, is essential to expanding the science and forming policies to serve our patients and ourselves in the near- and long-term future.

I have been a proud and committed member of AMIA since beginning my career in informatics in the mid 1990's. By participating and presenting at Fall Symposia and Clinical Informatics Conferences and staying current on research published in JAMIA, AMIA continues to provide a venue for me to gain an understanding of the breadth and depth of the informatics profession. It is the diversity of AMIA that I enjoy and what I believe makes the organization great. The vastly different topics, discussions, projects, educational sessions, debates, and opportunities not only enhance our member experience but also creates a dynamic and influential organization. AMIA provides a forum of mutual respect where informatics professionals work together, challenge each other, and collaborate to find solutions to current issues as well as

dreaming, defining, and shaping how best to create and apply technology to the future of healthcare. Now I would like to continue serving you, fellow members of AMIA, as Director-at-Large on the AMIA Board of Directors.

### **Bio**

Dr. Laura Heermann Langford, PhD, RN FAMI, FHL7 is a consultant in nursing informatics specifically related to topics in interoperability and care coordination. She currently serves as the COO of Logica, a non-profit with a focus on semantic interoperability. Dr. Heermann Langford has a clinical background of nursing in adult emergency care and pediatric intensive care units and burn care. Her informatics work has focused on clinical decision support and workflow, clinical engagement, standards development, and interoperability. She is a co-chair of the HL7 Emergency Care Workgroup (ECWG), HL7 Healthcare Clinical Interoperability Council Working Group (CIC), and the HL7 Patient Care Workgroup (PCWG) where she co-leads the HL7 PCWG Care Plan Initiative and is a founding member of the leadership of Clinicians on FHIR (Fast Healthcare Interoperability Resources). These roles at HL7 allow her to have a tight connection between clinical domains and the application of HL7 standards, specifically FHIR in clinical application development and implementation.

### **Leadership Skills**

I have held several leadership roles at Logica, Graphite Health, Intermountain Healthcare, HL7, and IHE. In each of these roles I have learned the importance of actively listening and gathering input from many and various members and stakeholders and deciphering key points needing rapid near-term attention and other areas better served by longer term strategic direction. I have found setting long and short terms goals is key for any group to progress. While setting goals for groups can be challenging, I like to allow for discussion, working towards consensus, but watch for and recognize when further discussion may not be helpful. At that point it is important to determine a reasonable direction and set a goal for the team to pursue. With the diverse groups I have worked with there are often many dissenting opinions and domineering voices. I have found it is important to let all be heard, but also encourage those who are quieter to speak their minds as well in a welcoming and safe fashion. Through my career I have learned a diverse set of skills enabling me to inspire and guide a team towards success. I like to envision the big picture and share the vision with others, primarily verbally but also through diagrams and in writing. I believe in open dialogue and encourage collaboration among team members. I am capable of analyzing complex situations and making timely choices to drive positive outcomes. I am adaptable and willing to embrace change in rapidly evolving environments. I have genuine concern for my team's well-being and enjoy creating supporting and inclusive work environments. I look for each team members strengths, and weaknesses, and encourage everyone to reach their full potential. I feel accountability for each team I work with and set high standards for deliverables. I enjoy encouraging and motivating others to strive for excellence as well. I like the continuous learning mindset of innovating communities which encourages my professional growth as well as that of others around me.

### **Reputation for Excellence (in informatics)**

I have extensive experience in nursing informatics. I have worked in various informatics roles from clinical analyst to executive office roles such as Chief Operating Officer and Chief Clinical Information Officer. I have worked at the corporate level at Intermountain Healthcare and in non-profits such as Logica, as well as nationally and internationally on clinical informatics topics ranging from workflow and dataflow analysis, the development and implementation of decision support systems at the bedside, and how clinical data impacts both the clinician and the patient. I have been a co-chair of several working groups at HL7 for over 15 years and have co-lead the Clinicians on FHIR special interest group at HL7 for the last nine years. I enjoy collaborating with others with diverse perspectives on complex problems.

Throughout the various roles in my career I have honed my knowledge and gained experience related to the application of information technology to healthcare and, more specifically, to advance nursing practice. I am passionate about what computers and technology can and should do for healthcare while also keenly aware of the many challenges still ahead.

I have a deep commitment to clinicians and to healthcare informatics. I am driven by a vision of information technology ubiquitously supporting clinicians and improving the care received by all who are in need of healthcare. The provision of healthcare is a collaborative process between patients and many disciplines. I have worked at the bedside with both “good” and “bad” information systems and am keenly aware of the impact healthcare IT has on clinical workflow and clinical decision making. One aspect I always feel strongly about is keeping the patient first and foremost while bringing and maintaining the clinical voice to the conversation.

I have been recognized as a Fellow at Health Level 7 and am a recognized leader in the nursing informatics community nationally. My visibility in both the standards development communities and the nursing communities is an asset to AMIA and the AMIA Board. My engagement with these other communities not only allows for visibility of AMIA by those communities but also facilitates collaboration and good will.

### **Perspective Add**

As a current member of the AMIA Board of Directors I cannot say my re-election would bring new perspectives to the AMIA Board, but my perspective of patient centered care, awareness and knowledge of dominant nursing issues such as documentation burden, staffing shortages, social determinants of health, as well as standards development progress and issues, are important perspectives to maintain on the AMIA board. These topics and perspectives are representative and unique to several members of AMIA. They are recognized when present and noticed when missing from the AMIA Board.

### **Team Player**

Functional and collaborative interdisciplinary teams are essential to the success of healthcare IT. This is especially true with standards development. Throughout my career I have worked on and with interdisciplinary teams locally, regionally, nationally, and internationally on complex informatics topics. As a co-chair of three Working Groups at HL7 for over 10 years, leading

multiple calls a week, I have developed strong interpersonal skills allowing me to build positive relationships with team members and foster a supportive and inclusive work environment. I understand the value, as well as how difficult it can be at times, to actively listen to diverse ideas and perspectives, and value the contributions of every team member. Working with others and lending a hand to support my colleagues is one of my favorite activities. I actively participate in discussions, am able to adapt on the fly to different roles and responsibilities within the team, and take constructive feedback. I am reliable, dependable, and trustworthy. I thrive working on teams and enjoy the continual learning derived from collaboration.

### **AMIA Engagement and Participation**

AMIA member: 20+ years

My track record of AMIA engagement and participation is demonstrated by the list above. I have had ongoing engagement and participation in AMIA since my initial membership in 1994, serving in multiple roles in the Nursing Informatics Working Group, on Ad Hoc Committees, appointed committees, reviewing papers, and submitting/providing presentations/workshops at various symposia and conferences.

### **Informatics Interests**

Clinical Care, Clinical Decision Support, Clinical Workflow, Electronic Health Records, Emergency Medicine, Health Information Exchange, Interoperability, Nursing, Patient Centered Care, Standards, Terminologies