

DHMH POLICY NUMBER: 02.01.05

Cross-Reference: Information Resource Management Administration

TITLE: POLICY ON THE ORGANIZATION AND OPERATION OF THE MARYLAND HEALTH INFORMATION COORDINATING COUNCIL

SHORT TITLE: HICC POLICY

I. EXECUTIVE SUMMARY

The Maryland Health Information Coordinating Council (HICC) serves as a permanent, senior-level, decision-making and implementation body for carrying out Department of Health and Mental Hygiene's (DHMH's) information resources management responsibilities. As a department-wide partnership of all stakeholders, the Council provides recommendations on key components of the Department's IRM program and policies to the Director of the Information Resources Management Administration (IRMA), who is the Council Co-Chair.

The purpose of the Health Information Coordinating Council is to ensure that DHMH's investments in information resources are managed efficiently and effectively in support of the Department's mission. Specifically, the Council makes recommendations to the CIO regarding approval of:

- The Department's Strategic IRM Plan
- The Department's IRM Budget
- Major IRM contracting strategy
- Department-wide IRM policies and standards

II. BACKGROUND

DHMH's success in its mission requires ready access to data, both by the Department's staff and by others. Having sound information policies and practices, and efficient, responsive information systems is a key priority of DHMH's senior management team. The Department is committed to gathering and analyzing the data needed to evaluate health risks and trends, measure health program results, and educate individuals throughout the State, making policy decisions, and implementation of interventions to effect change. DHMH is also committed to promoting and supporting innovative technical solutions to health information problems. A sound IRM program is critical to the Department's ability to provide objective, reliable, and understandable information for these purposes.

The Deputy Secretary for Operations serves as the DHMH Chief Information Officer (CIO). The Health Information Coordinating Council is organized to ensure that the CIO has an appropriate forum to conduct discussions, review and endorse policies, increase IRM awareness and support, and receive recommendations from senior managers regarding critical IRM issues affecting the Department. State and local partners, and the public at large.

The Council makes recommendations to the CIO regarding approval of the Department's Strategic IRM Plan, the IRM budget, major IRM contracting strategy, and Department-wide IRM policies and standards. Recommendations and unresolved issues from the HICC are presented to the Executive Board. The Executive is comprised of the Secretary, Deputy Secretaries, IRM Director, Local Health Officer(s) and the Secretary's Chief of Staff. One of the Executive Directors of the Commissions will serve on the Executive Board designated by the Secretary.

This policy recognizes the independent authority and responsibilities granted to the Health Services Cost Review Commission, and Health Care Commission, and is not intended to impede their independence. Any provisions in previous policies, charters, manuals, or other DHMH directives that may be inconsistent with this policy are hereby

superseded.

DHMH Policy 02.01.05 supersedes and replaces DHMH 1040, Policy on the Organization and Operation of the Maryland Health Information Coordinating Council, which became effective October 6, 1997.

III. POLICY STATEMENTS

A. MEMBERSHIP

1. The Director, Information Resources Management Administration is a Co-Chair.
2. The Maryland Association of County Health Officers (MACHO) will designate the other Co-Chair.
3. The Maryland Health Information Coordinating Council shall represent all DHMH organizations and Local Health Department partners to ensure a broad set perspectives on IRM issues. Members hold senior management positions which enable them to speak for their organizations.
4. Staff and logistical support will be provided by the Information Resources Management Administration.
5. Members of the Council include:
 - a. All Administration Directors
 - b. All MACHO Data Committee members
 - c. The Director, Health Services Cost Review Commission
 - d. The Director, Health Care Commission
 - e. A Senior member of the Office of Attorney General
 - f. A DHMH Facility Superintendent
 - g. A Board Member (to represent all Boards)
 - h. The Inspector General, DHMH
6. The Facility Superintendent is selected by the Deputy Secretary, Public Health Services.
7. The Board representative is selected by the Secretary.
8. Advisory members may be appointed by the Secretary upon recommendation of the Council. Advisory members will not have voting rights. Advisory members may be excluded from some of the Council's procurement, sensitive, or confidential discussions, as determined by the Council Co-Chairs.
9. Members may designate one senior member of their staff to represent them at HICC meetings. The designee must have authority to commit resources on behalf of the member's organization.

B. SUBCOMMITTEES

1. The work of the Council is intended to be accomplished through subcommittees, which may include

nonmembers, established on an ad-hoc or standing basis, to gather facts and information. The scope of the work of the subcommittees may be broad, ranging from sponsorship of new information systems development projects, to conducting policy analyses, or examining technical IRM issues.

2. All subcommittees will be led by a member of the HICC, report directly to HICC, and may be responsible for producing plans, schedules, reports or position papers covering the results of their work.

C. MEETING

1. The Council will meet bi-monthly. Meetings may be called at other times, subject to the timing of decisions and recommendations of the Chair.
2. The Council's meeting calendar is closely coordinated with the budget cycle to ensure agenda items affecting resource decisions are appropriately scheduled.

D. VOTING

1. Voting is restricted to Council members.
2. Voting is either conducted during meetings or through correspondence from the Chair.
3. Approval of action items will require a simple majority of votes by those members in attendance at meetings when a vote is taken, or a majority of votes of **all** Council members only when voting through correspondence.
4. Other than for the Council's administrative matters, voting will occur only when an item is on the agenda which has been sent to members in advance.

E. AGENDA

1. The Chair structures the agenda and solicits recommendations from members.
2. Unless a meeting is called on an emergency basis, the agenda is to be communicated to members in advance of the meeting.

APPROVED: Georges C. Benjamin, M.D.

Secretary Georges C. Benjamin, MD

Signature on File Effective Date: 12/3/99