HPSS Newsletter

Summer 2026

Greetings from HPSS Chair

Jason Brinkley (*Jason.Scott.Brinkley@gmail.com*)



Good day, HPSS enthusiasts,

Welcome to the summer newsletter. We're excited to share everything happening in the Section. First, thank you to everyone who keeps the Section running and helps prepare for our major events. Special thanks to Robert Tumasian, our departing Publications Officer, for his excellent work on a wide range of efforts, including this newsletter. He has done so much to keep our information flowing out into the world, and we are deeply grateful. JSM is just around the corner, and we have a great deal to showcase thanks to the efforts of our Program Chair, Zheyu Wang, and Program Chair-Elect, Elizabeth Chase. You'll also see major updates on the next International Conference on Health Policy Statistics (ICHPS), scheduled for January 13-15, 2027, in Annapolis, Maryland. Thank you to Rebecca Hubbard and Andrew Spieker for assembling what already looks like another outstanding conference.

As I look through this newsletter, I see so many current and upcoming opportunities for members to connect, and that warms my heart. For many in health policy and health services research, this has been a time of upheaval and uncertainty. Changes in the U.S. federal system have created new challenges and barriers for people across our field. I believe the path forward starts with supporting one another. I encourage everyone to expand their professional networks as we face these challenges. I made a career shift a year ago and wrote about it in Amstat News, and I continue to see others facing similar decisions. I've heard from students struggling with job placement and finding roles that position them well for long-term success. I've also seen the strain that artificial intelligence résumé screening places on both applicants and hiring teams. With too many applications and too few positions, now is the time to make new connections.

If you're attending JSM, remember that networking matters just as much as education and dissemination. Take time to meet people who are not doing exactly what you do but are doing work that interests you, because change can happen quickly. If you're not attending JSM, seek out local or online communities that merit your time and investment. Recent graduates, I encourage you to build a professional presence on social media, not just a personal one. If your boss's boss is using LinkedIn, why aren't you?

Please don't wait until you need a network to build one.

I can't wait to see you in Boston,

JSB

P.S. To learn more about HPSS and its work, check out our website and past newsletters here!

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2026 HPSS Executive Committee

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JSM 2026
August 1-6 in Boston, Massachusetts




Program Chair: Zheyu Wang (wangzy@jhu.edu)
Program Chair-Elect: Elizabeth Chase (echase@rand.org)

It is our pleasure to announce a full list of HPSS-sponsored activities including invited sessions, contributed sessions, student paper competition winners, lunchtime speaker, and our famous mixer held jointly by HPSS, the Mental Health Statistics Section (MHSS), and the Statistics and Data Science in Aging (SDSA) Interest Group.

Our 5 HPSS-sponsored Invited Sessions are:

1. Administering Interventions for PLWD and Care Patients in the Healthcare Services Community
2. Quantifying Risk and Dynamics in Longitudinal Alzheimer's Studies: Harmonization to Early Detection
3. Novel Metrics for Evaluating Group Fairness in Prediction Models and Implications in Health Policy
4. Innovations in Longitudinal Data Analysis Methods for Population Health Research
5. Causal Inference vs Causal AI

Our 6 HPSS-sponsored Contributed Sessions are:

1. Advancing Indirect Treatment Comparisons through Collective Statistical Innovation
2. Advances in Bayesian Methods for Analyzing Complex Observational Study Data
3. Advanced Statistical Modeling for Health Systems, Policy, and Payment
4. Modern Methods for Causal Inference, Transportability, and Heterogeneous Effects
5. Emerging Methods for Prevalence Estimation with Imperfect and Multisource Data
6. Spillovers, Sampling, and Generalizability: Methods for Public Health Impact

We are happy to have Dr. Ruth Etzioni from the Fred Hutchinson Cancer Research Center as our **Lunchtime Speaker** on August 5, 12:30 pm – 1:50 pm.

The **HPSS/MHSS/SDSA Joint Mixer** and **HPSS Student Paper Award Ceremony** will be held on August 3, 6:00 pm – 9:00 pm, at Citrus & Salt (319 A St, Boston, MA 02210). We will be in the Chandelier Room. Please come join us for fun, food, and socializing!

The **winners of the HPSS student paper award competition** (see Page 4) will be recognized on August 5, 8:30 am – 10:20 am.

International Conference on Health Policy Statistics

Evidence-Based Policy in Action: Statistics, AI, and Digital Health in Practice

January 13–15, 2027 · Annapolis, Maryland

ICHPS 2027 News





Co-Chairs:
Rebecca Hubbard (*rebecca_hubbard@brown.edu*)
Andrew Spieker (*andrew.spieker@vumc.org*)

The Health Policy Statistics Section (HPSS), together with ASA, are busy planning the next International Conference on Health Policy Statistics (ICHPS)! The conference will be held January 13-15, 2026, in Annapolis, MD. ICHPS is a smaller meeting (typically about 300-350 attendees) that provides an excellent opportunity to get to know a community of statisticians and other professionals working in the health policy and health services arena.

We are happy to share that the keynote speakers will be:

- Prof. Cynthia Rudin (Duke University), speaking on interpretable machine learning and its applications (particularly in healthcare)
- Dr. Christopher Marcum (Data Foundation; former White House Office of Science and Technology Policy), speaking on data governance, open science policy, and the implementation of federal policies on public access and open data government data

Some key highlights for the invited sessions:

- Addressing EHR Biases to Inform Robust and Equitable Health Policy
- Building Evidence Across Borders: Statistics and Data Science for Global Health Policy
- Target Trial Emulation for Health Policy Evidence using Observational Data
- Statistical Frameworks for Assessing AI Tools in Real-World Clinical Settings
- Methodological Advances in Causal Inference for Policy-Relevant Environmental Health Research
- Data Privacy and Governance for Health Policy
- AI and Prior Authorization: Opportunities and Challenges

Workshops:

- From Dependence to Policy Decisions: Copula-based Causal Inference
- From Linkage to Inference: Estimating Associations and Causal Quantities with Linked Data
- Doing Meta-Analysis with R: A Hands-On Introduction for Health Policy and Population Health Researchers
- The Statistician's Storybook: Crafting Accessible and Engaging Presentations
- Making Evidence Visible: Data Visualization and AI Workflows for Health Policy Impact
- Causal Effects and Propensity Scores in 2026
- Fixing Medicare Advantage: Better Risk Adjustment, Machine Learning, and AI for Payment and Accountability
- AI in Healthcare: From Data, Insights, Policies, to Impact

Other special programming will include a **town hall** on "Evidence-based Decision Making in the Digital Health Era", featuring the ICHPS co-chairs and keynote speakers with an audience Q&A, and a **student and early-career networking event**, providing mentoring and career discussions with established health policy statisticians from academia, industry, government, and nonprofit organizations.

Students – If you've submitted an abstract for ICHPS 2025, please submit your application for a student travel award by **September 30**!

We are really looking forward to being able to gather to share best practices and community at ICHPS 2027!

Congratulations to the 2026 HPSS Student Paper Awardees!

Martha Barnard, University of Minnesota – Department of Biostatistics
"Partially Retargeted Balancing Weights for Causal Effect Estimation under Positivity Violations"

Jiayi Hu, University of Minnesota – Department of Biostatistics
"A Bayesian Multivariate Meta-Analysis Model Incorporating a Monotonicity Constraint in Longitudinal Smoking Abstinence"

Lingxuan Kong, University of Michigan – Department of Biostatistics
"Optimizing Organ Transplant Decision on Continuous Time through Backward Ensemble Adaptive Segmentation Trees"

Jose Palacio, Rice University – Department of Statistics
"Inferring Transmission Dynamics of RSV from Houston Wastewater Data"

Constantin Schmidt, University of Cambridge – Department of Infectious Diseases
"A Fully Bayesian Causal Factor Model to Evaluate England's Hepatitis C Peer Support Program"

Events & Meetings Dates

JSM 2026 – Joint Statistical Meetings
Boston, MA. August 1-6, 2026.

RISW 2026 – Regulatory-Industry Statistics Workshop, ASA Biopharmaceutical (BIOP) Section
Rockville, MD. September 16-18, 2026.

WSDS 2026 – Women in Statistics and Data Science Conference
Cincinnati, OH. October 28-30, 2026.

ICHPS 2027 – International Conference on Health Policy Statistics
Annapolis, MD. January 13-15, 2027.

ENAR 2027 – International Biometric Society – Eastern North American Region
Boston, MA. March 14-17, 2027.

Announcements

We are actively seeking nominations for the **2026 HPSS Mid-Career and Long-Term Achievement Awards**. These awards honor individuals who have made significant contributions to the development of statistical methods or have developed innovative statistical applications for health policy / health services research. Learn more here!

Please consider getting involved with HPSS and attending ICHPS and JSM (including our mixer)! If you are interested in learning more about HPSS or would like to volunteer, please email Jason Brinkley (2026 HPSS Chair) at *Jason.Scott.Brinkley@gmail.com*.

Perspectives on the Use of Electronic Health Record (EHR) Data for Health Policymaking



An Interview with Dr. Sarah Lotspeich (*lotspes@wfu.edu*)
By Robert A. Tumasian III (*ratumasian@gmail.com*)

EHRs have transformed healthcare by creating rich, longitudinal data sources that extend far beyond individual patient care. When analyzed appropriately, EHR data can provide timely insights into disease patterns, healthcare utilization, treatment effectiveness, and population health trends. These findings can inform evidence-based policymaking by helping decision-makers to evaluate existing policies, identify emerging public health needs, and better allocate resources. However, challenges related to data quality, privacy, interoperability, and representativeness must also be addressed. To further discuss this topic from a quantitative standpoint, we are happy to interview Dr. Sarah Lotspeich, Assistant Professor of Statistics at Wake Forest University.

Robert: Could you start by telling us a little bit about yourself and your day-to-day work at Wake Forest? What do you enjoy most about your job?

Sarah: My job has a really nice balance, as my time is split pretty evenly between teaching and research (both of which I enjoy). Depending on the day of the week, my day-to-day can consist of classroom lectures, research meetings, and writing/coding time to myself. My 1:1 meetings with students to discuss their research projects are some of my favorite parts of the job, as I get to see them grow as (bio)statisticians and get excited about the field and the possibilities for them within it (especially since I work primarily with undergraduate students). My colleagues and I really like to have lunch and grab coffee together, too! So that's a nice time in the day to chat about work and life.

Robert: What opportunities does Wake Forest offer for students or others who are interested in health policy?

Sarah: One of the things that impresses me most about the curriculum at Wake Forest is how, since we are a liberal arts university, students are encouraged to take courses broadly across disciplines. This opens up possibilities for them to find health policy early, for example, through courses toward the Health Policy & Administration minor. I would have loved to start learning about epidemiology and other key topics as an undergraduate! There are also ample opportunities for students to get involved in health policy research on the traditional Reynolda Campus (e.g., learning about the data-driven elements with us in the Department of Statistical Science) and with the School of Medicine (e.g., focusing more on the implications of our analyses with faculty in the Department of Social Sciences and Health Policy).

Robert: Can you give me an example of an EHR-based study that you have collaborated on? What implications could the findings have on healthcare policy?

Sarah: A large part of my research for the past few years has been toward operationalizing a whole-person health score called the Allostatic Load Index (ALI) in EHR data. The ALI is essentially a snapshot of cumulative "wear and tear" on a person's body, and it's been fairly well studied in controlled settings like prospective studies, where it's been found to predict key health outcomes (e.g., mortality, mental health, cardiometabolic diseases) and to quantify disparities in overall health (e.g., between racial groups). However, the ALI is calculated from ten component biomarkers, many of which are informatively missing in EHR data, since they require non-standard labs. We have been working to find a scalable way to overcome missing data and embed a score like this in EHRs, with the end goal being monitoring patient well-being across entire healthcare systems. Having an EHR-embedded ALI would open up

opportunities to better understand individual-, neighborhood-, and hospital-level health and inform patient care, resource allocation, and policy. For example, we could identify where in a hospital's service area to recruit patients or implement services to target those most in need (e.g., with the worst ALI), or evaluate the efficacy of a new policy on improving overall health of the patient population and reducing disparities (e.g., by improving the ALI).

Robert: What are the key strengths and limitations of using EHR data to inform public health or healthcare policy decisions?

Sarah: I think that the widespread availability and convenience are definite strengths, as we can curate so many different EHR datasets, depending on what we are interested in investigating. However, I think that the underlying mechanics of how EHR data are collected add challenges to responsibly conducting our analyses and translating findings into action. Those challenges may not always be limitations, but they sometimes require novel methods development to answer the questions we are interested in.

Robert: If an EHR dataset underrepresents certain populations or healthcare settings, how can potential biases be addressed to ensure that subsequent policy recommendations are more generalizable?

Sarah: With EHR data, underrepresentation is not an if but a whom. We have to keep in mind that, while EHR data are routinely collected as part of clinical practice, patients have to overcome key barriers to engage in a particular healthcare system at all. This selection bias is one of many key challenges with responsibly using EHR data for research, and fortunately there are some neat statistical tools we can use to try to overcome it. For example, we can compare representation in EHR data to administrative data (like the Census) and use these differences to decide how to upweight underrepresented groups and downweight overrepresented groups to make the EHR data more representative. In policy research, failing to account for selection bias in EHR data can lead to imbalanced recommendations and inaccurate evaluations (i.e., ones that really only apply to the groups who were well-represented in your healthcare system), leaving underrepresented people underserved by downstream decision-making.

Robert: What safeguards would you recommend to prevent unintended consequences of policy decisions that are based on EHR analyses?

Sarah: With EHR data, we have to remember that with "great-ish" data come great responsibility. There is a lot of exciting potential with EHR data, since they are increasingly available for us to re-purpose in research and policy. However, there is much-needed emphasis on the "re" in re-purpose, as EHR data are primarily collected to ensure patients are treated and billed appropriately. The clinicians inputting these data and programmers extracting them do not know what you may analyze from them at some point in the future, and there are not the same kinds of data monitoring safeguards in place as with controlled trials or prospective studies. Also, be mindful of the innate biases in HER data, including who we sample from (selection bias), what we observe about whom (informative missingness), and the possibility that health is imperfectly represented (measurement error).