

## PSI HTA SIG Survey – May 2026

Dear all,

We are reaching out to you with a request for information / collaboration within our HTA Statistics / Health Economics / Evidence Synthesis Community. We believe that it would be very helpful and beneficial for all of us who lead teams and departments in this area to better understand how our peers organize their groups and their work. This could trigger a discussion about how we could work more efficiently, what best practices we are willing to share and how we can argue for resources.

Instead of asking a consultancy to reach out to everyone to come up with an industry benchmark study, we were thinking that we could do this on our own. After completion, we will compile the results and share them with everyone who participated as soon as possible.

We have also added a few questions from the AI sub team of the PSI HTA SIG which will help them in their work.

Thank you for participating in this survey. Your responses are valuable and will be used solely for research purposes. Participation is voluntary, and you may opt out at any time. All data collected will be kept confidential and anonymous, ensuring that no personal identifiers are linked to your responses. Please do not share any sensitive and/ or confidential information about your company. We ask for your company's name in order to be able to consolidate answers in case several people from one company are replying to the survey. The name will not be used in the analysis.

For your convenience and preparation, we are attaching the survey also as a .pdf document. Please complete the questionnaire via the google form [link to complete the questionnaire online](#). This will make the analysis of the responses much easier.

We acknowledge that some questions, especially about FTEs might be difficult to answer, in this case, just enter an "x" to indicate that people in a certain department are working in an area. For the ease of completion, we have also not made any question mandatory to respond.

Please do not hesitate to reach out if you have any questions or concerns.

Kind regards,  
Arthur Allignol, Katrin Kupas & Ursula Becker

Thank you for your interest in this survey. Your responses are valuable and will be used solely for research purposes. Participation is voluntary, and you may opt out at any time. All data collected will be kept confidential and anonymous, ensuring that no personal identifiers are linked to your responses. Please do not share any sensitive and/ or confidential information about your company. Please review and acknowledge the below Privacy Notice. Please do not hesitate to reach out if you have any questions or concerns.

### **Consent to Participate**

Before you begin the survey, please make sure to review and understand our Privacy Notice: As the HTA Special Interest Group (SIG) of PSI (Statisticians in the Pharmaceutical Industry), we are committed to protecting and respecting your privacy. This privacy notice explains how we collect, use, and share your personal data in relation to this survey.

### **Who We Are**

The HTA SIG is part of PSI, the industry association for statisticians in the pharmaceutical industry. We are responsible for conducting this survey and ensuring the confidentiality of your responses.

### **What Information We Collect**

The survey collects your responses, including but not limited to personal data such as your email address, job title, and professional opinions.

### **Purpose of Data Collection**

We collect your data for the purpose of understanding the views and experiences of SIG members. Your responses will be used to improve our initiatives and activities and might be published and distributed in an aggregated anonymized format.

### **Legal Basis for Processing**

We process your personal data based on your consent, which you provide by completing the survey.

### **How We Use Your Data**

Your data will be used solely for the purposes of this survey and subsequent analysis. We will aggregate and anonymize responses wherever possible to protect your privacy.

### **Who Has Access to Your Data**

Access to your personal data is restricted to members of the HTA SIG survey team and PSI administrative staff who need to process the data for analysis purposes. We will not share your data with third parties without your explicit consent.

## **Data Retention**

We will retain your survey responses for a period of two years from the closing date of the survey, after which it will be securely deleted.

## **Your Rights**

Under GDPR, you have the right to:

- Access the personal data we hold about you;
- Request rectification of any incorrect or incomplete data;
- Request erasure of your personal data;
- Object to the processing of your personal data;
- Request the restriction of processing;
- Data portability.

To exercise these rights or for any questions regarding this privacy notice, please contact us at [htasig@psiweb.org](mailto:htasig@psiweb.org).

## **Consent**

By completing and submitting this survey, you consent to the collection and processing of your personal data as described in this privacy notice.

By selecting "I agree" below, you acknowledge that you have read and understood the Privacy Notice and consent to the collection and processing of your personal data as described.

The following questionnaire is structured by the area of expertise within HTA / Access Evidence so that we can capture the granularity in more detail. [Link to complete the questionnaire online](#)

## **General information about your company**

### **Number of employees**

- Less than 1,000 employees
- 1,000 to 10,000 employees
- 1,000 to 10,000 employees
- 10,000 to 50,000 employees
- 50,000 to 100,000 employees
- More than 100,000 employees

### **Early Stage Access Evidence Generation (Pipeline)**

*Pipeline, i.e., timing for HTA statisticians to provide input on the trial design to ensure sufficient data is available to support the launch (prior to finalizing pivotal trial designs)*

How many FTEs in HTA Stats / HEOR are roughly working in this area for global deliverables in each of the following parts of the organization (in-house, including permanent contractors, but excluding work which is entirely outsourced)?

If you don't know, then please put a "x" to all departments involved.

- Development
- Medical Affairs
- Commercial / Market Access
- Regional Organization
- Affiliates
- Other, please specify (department & FTEs)

For each of the following categories of deliverables, please state how this is performed. (Done inhouse, Partially outsourced, Completely outsourced, Done at affiliate level, Not done/not needed)

- Integrated Evidence Metrics describing probability of HTA ratings at an affiliate level
- Collection of affiliate input regarding Evidence gaps
- Prioritization of Evidence gaps
- Input into Clinical Development Plans
- Input into Integrated Evidence Planning (incl. post license RWD...)
- For EU HTA: Early PICO anticipation
- For EU HTA Submitting & Preparing & Attending JSCs

With many changes in the external environment, do you anticipate changes in your organization in this area and if yes, in which direction?

Any additional comments?

## **Evidence Generation & HTA Statistics**

*Resources devoted to running statistical analyses to support formal HTA / reimbursement submissions*

How many FTEs in HTA Stats / HEOR are roughly working in this area for global deliverables in each of the following parts of the organization (in-house, including permanent contractors, but excluding work which is entirely outsourced)?

If you don't know, then please put a "x" to all departments involved.

- Development
- Medical Affairs
- Commercial / Market Access
- Regional Organization
- Affiliates
- Other, please specify (department & FTEs)

For each of the following categories of deliverables, please state how this is performed. (Done inhouse, Partially outsourced, Completely outsourced, Done at affiliate level, Not done/not needed)

Work for statistical analyses to support ...

- Health Economics (SAP)
- Health Economics (Programming)
- General Access (SAP)
- General Access (Programming)
- National HTA (SAP)
- National HTA (Programming)
- EU HTA (SAP)
- EU HTA (Programming)
- Indirect treatment comparisons (Feasibility)
- Indirect treatment comparisons / Network Meta-Analyses (SAP)
- Indirect treatment comparisons / Network Meta-Analyses (Programming)

Any additional comments?

Which software do you use for statistical analyses? Please add the % of studies / projects for which you have been using these software solutions within the past year.

- R (please enter % of programming work)
- SAS (please enter % of programming work)
- Other/please specify (please enter % of programming work)

Do you collaborate or are you interested in collaborating on open software solutions?

- Yes
- No

Use of Artificial Intelligence (AI) for deliverables:

Does your team or vendor use AI for the following tasks?

Answer Options: Always / Sometimes / Never / Don't know

- Writing of SAP
- Writing of code for analyses
- Interpretation of outputs
- Other - please explain in additional comments question

Which professional/industry consortia/groups are you a member of?

With many changes in the external environment, do you anticipate changes in your organization in this area and if yes, in which direction?

Any additional comments?

### **Health Economics**

*Resources devoted to delivering health economic analyses to support formal HTA / reimbursement submissions*

How many FTEs in HTA Stats / HEOR are roughly working in this area for global deliverables in each of the following parts of the organization (in-house, including permanent contractors, but excluding work which is entirely outsourced)?

If you don't know, then please put a "x" to all departments involved.

- Development
- Medical Affairs
- Commercial / Market Access
- Regional Organization
- Affiliate
- Other, please specify (department & FTEs)

For each of the following categories of deliverables, please state how this is performed: Done inhouse, Partially outsourced, Completely outsourced, Done at affiliate level, Not done/not needed

- Cost-effectiveness model
- Budget impact model
- Pricing models
- Economic SLR (e.g., utilities, models)
- Other - please explain in additional comments question

Use of Artificial Intelligence (AI) for deliverables:

Does your team or vendor use AI for the following tasks?

Answer Options: Always / Sometimes / Never / Don't know

- Economic systematic literature reviews
- Model concepts
- Early models
- Writing of code for statistical analyses for models
- Interpretation of outputs
- Other - please explain in additional comments question

With many changes in the external environment, do you anticipate changes in your organization in this area and if yes, in which direction?

Any additional comments?

### **Evidence Synthesis**

Resources devoted to delivering systematic literature reviews and Access / Payer Evidence dossiers to support formal HTA / reimbursement submissions

How many FTEs in HTA Stats / HEOR are roughly working in this area for global deliverables in each of the following parts of the organization (in-house, including permanent contractors, but excluding work which is entirely outsourced)?

If you don't know, then please put a "x" to all departments involved.

- Development
- Medical Affairs
- Commercial / Market Access
- Regional Organization
- Affiliate
- Other, please specify (department & FTEs)

How many FTEs in HTA Stats / HEOR (if any) are working in Global Access Evidence Dossiers or Global Value Dossiers for your products/ solutions?

In which part of the organization is the team / the teams doing Evidence Synthesis work?  
(Check all that apply)

- Development
- Medical Affairs
- Commercial / Market Access
- Other - please explain in additional comments question

For each of the following categories, provide the options: Done inhouse, Partially outsourced, Completely outsourced, Done at affiliate level, Not done/not needed

- Clinical SLR or pragmatic literature reviews
- Global Access Evidence Dossiers/ Global Value Dossiers
- EU HTA Joint Clinical Assessment Dossiers (JCA)

Use of Artificial Intelligence (AI) for deliverables:

Does your team or vendor use AI for the following tasks?

Answer Options: Always / Sometimes / Never / Don't know

- Write the protocol
- Title/ abstract screening
- Literature search
- Data extraction
- Risk of bias assessment
- Data synthesis (meta-analysis)
- Text generation (e.g. summarizing data from clinical reports)
- Text adaptation (e.g. adaptation to countries needs)
- Tables, List, Graphs (TLG) generation
- Report write up
- Other - please explain in additional comments question

With many changes in the external environment, do you anticipate changes in your organization in this area and if yes, in which direction?

Any additional comments?

### **EU HTA Evidence Submission Strategy & Alignment**

Resources devoted to preparing for EU HTA (e.g., through Joint Scientific Consultation, JSC) and putting together the actual submission

At which stage are you with regards to EU HTA preparation

- Not doing anything
- Planning theoretically for the next years
- Working on preparing the first dossier(s)

How many FTEs in HTA Stats / HEOR are roughly working in this area for global deliverables in each of the following parts of the organization (in-house, including permanent contractors, but excluding work which is entirely outsourced)?

If you don't know, then please put a "x" to all departments involved.

- Development
- Medical Affairs
- Commercial / Market Access
- Regional Organization
- Affiliate
- Other, please specify (department & FTEs)

In which part of the organization is the dossier led?

- Development
- Medical Affairs
- Commercial / Market Access
- Regional Organization
- Affiliate
- Other - please explain in additional comments question

In which of the following tasks is HTA Statistics involved?

- PICO anticipation
- PICO response strategy
- Strategic alignment for EMA filing and EU HTA submission strategy
- Strategic alignment for EU & ex EU (US) access/commercialisation strategy
- Dossier preparation & writing
- Other - please explain in additional comments question

With many changes in the external environment, do you anticipate changes in your organization in this area and if yes, in which direction?

Any additional comments?

### **Organisational Set Up**

How are the below listed competencies organised / integrated into the organization?

Answering options: integrated function / by therapeutic area / Other - please explain in additional comments question

- HTA Statistics
- Health Economics
- Evidence Synthesis (Systematic Literature Review)
- Evidence Synthesis (Access Evidence Dossier)
- EU HTA
- RWD

Which kind of set-up is present in your organization?

- Global function supporting selected countries
- Global function supporting all countries
- Global and Regional set up
- Other - please explain in additional comments question

Any additional comments?

### **Qualitative general insights**

Any comments / insights you would like to share?

What do you believe are the strengths of the set up in your company?

What do you believe are the weaknesses of the set up in your company?

What do you see as main strategic topics for the next 2 years (from a HTA statistician perspective)?

### **Artificial Intelligence (AI)**

How would you best describe how AI is currently being used in your HTA and access evidence work?

- AI handles mechanical tasks (e.g., data extraction, screening), statisticians/analysts make the analytical decisions
- AI proposes or performs analyses, statisticians/analysts review and validate the outputs
- A mix of both
- AI is not yet used in our work
- Don't know / unsure

How much influence do you feel statisticians in your organization have over decisions to adopt AI tools for tasks that directly affect HTA statistical analyses (e.g., literature screening, indirect treatment comparisons, dossier writing)?

- A lot — we lead or co-lead these decisions
- Some — we are consulted but don't drive the decisions
- Little - decisions are typically made without meaningful statistical input
- Don't know / not applicable

AI is being rapidly adopted across the pharmaceutical industry. Thinking specifically about the implications for statistical rigor in HTA work over the next 2-3 years, which best reflects your view?

- The opportunities clearly outweigh the risks
- The opportunities and risks are roughly equal
- The risks clearly outweigh the opportunities
- I don't have a strong view yet

What is your experience and impression about the gains delivered with AI solutions? Where do you find it most beneficial?

In case you are willing to share your email address / contact details with us, please enter them below.

THANK YOU SO MUCH for your participation.

The results will be shared through PSI, stay tuned.  
Your PSI HTA Special Interest Group