investment. Savings-drivers were fewer SSIs, reduced LOS, and fewer readmissions (a reduction of 29% within 30-days, resulting in cost-offsets of approximately GBP230 (EUR262)/readmission).

**Conclusions.** This study suggests that the implementation of spECG could provide cost-benefit in reducing the burden of SSIs related to cardiac surgery. In addition to cost-of-care, the readmissions would have additionally burdened hospitals, as 29 percent would not have been reimbursed. Health-economic analyses should consider not only potential cost-savings of innovative products, but also incorporate quality-of-care indicators. This further aligns payer considerations with the common end-goal of providing maximum benefit to patients.

## PP283 Living Systematic Reviews In Time Of COVID-19: An Innovative Approach To Decision-making In An Environment Of Changing Evidence

Lucinda Paz-Valiñas (lucinda.paz.valinas@sergas.es), Teresa Mejuto-Martí, Beatriz Casal-Acción, Yolanda Triñanes-Pego, María del Carmen Maceira-Rozas, Paula Gaudalupe Cantero-Muñoz, Janet Puñal-Rioboó, Paula Sabela Rodríguez-González del Blanco and María José Faraldo-Vallés

**Introduction.** The management of the COVID-19 pandemic is a challenge for Health Technology Assessment (HTA) methodology due to the need to formulate evidence-based recommendations in times of uncertainty in minimal time - for a large number of publications and with changing or even contradictory information. Living systematic reviews (LSRs) are systematic reviews that are continually updated, incorporating relevant new evidence as it becomes available. Since the COVID-19 pandemic fits all criteria to perform LSRs: (i) the Review question is a particular priority for decision-making, (ii) there is an high level of uncertainty about the existing evidence, and (iii) there is likely to be emerging evidence that will impact on the conclusions of the LSR, the aim of which is to analyze the role of LSRs as an innovative approach to HTA in recent years, and its impact on the management of the pandemic.

**Methods.** A systematic search of LSRs (published or protocols) was run on the main biomedical databases (Medline, Embase and Cochrane Library) in November 2020 and it was rerun in June 2021 without time limit. The results will be analyzed and classified by year and category (epidemiology, treatment, prognosis, symptoms, diagnosis and vaccines).

**Results.** The literature research has returned a total of 187 publications. The LSR concept emerged in 2014, from which some LSRs began to be published, but an exponential increase has been observed in 2020 with 76 references of which 66 percent were focused on the SARS-CoV-2. By category, 81.8 percent were focused on treatment, 41.8 percent on epidemiology, 20.9 percent on rehabilitation, 15.1 percent on diagnosis, 10.2 percent on prognosis and 2.2 percent on symptoms until June 2021. There wasn't any LSR for vaccines and 28 percent was focused on other fields.

**Conclusions.** LSRs are particularly important during the COVID-19 pandemic, with research evidence emerging rapidly, current evidence being uncertain, and new research changing policy or decisions on health. The majority of LSRs published up to June 2021 were focused on the treatment of COVID-19.

## PP290 Ongoing Swedish Initiatives To Improve The Potential For Real World Data Assessment Of Medical Devices

Amanda Hansson Hedblom (amanda@coreva-scientific.com) and Rhodri Saunders

**Introduction.** In 2020, the Swedish regions cemented a national managed-introduction project for medical devices, to ensure equal, cost-effective, and appropriate use. Health technology assessment (HTA) is an important component of the project. Swedish national health registers have world-class coverage and completeness but may lack information enabling adequate evaluation of medical devices. This study reviews the current situation and ongoing initiatives. Additionally, the potential for medical device health economics and outcomes research (HEOR) using Swedish registers is assessed.

**Methods.** A review of Swedish national health registers was undertaken, focusing on available data, and contextualized for the purpose of HEOR for medical devices. Additionally, the review included an evaluation of the Swedish reimbursement authority's (The Dental and Pharmaceutical Benefits Agency, TLV) ongoing initiatives to improve the potential to follow-up the impact of the technologies they assess and develop value-based pricing schemes.

**Results.** Five registers were deemed the most relevant national health registers for device research. They include high-quality longitudinal data and are linkable on a per-patient basis. For devices, main limitations include limited data on specialized outpatient care, lags in updating certain registers, lack of laboratory data, and challenges in identifying the specific device used. Reports indicate that certain limitations are being addressed, including pilot-studies investigating the opportunity for automated reporting of data from regional systems, and app-collected patient-reported health data.

**Conclusions.** Swedish registers provide comprehensive sources for HEOR studies, but limitations related to the assessment of medical device impact remain. As is common with register data reporting grouped diagnoses and interventions, specific devices are not directly identifiable in the national health registers. For some devices, this might be addressable through linkage with other data-sources. Swedish authorities are undertaking several initiatives that will likely improve the potential for HTA and follow-up of medical devices using national health register data.

https://doi.org/10.1017/S026646232100146X Published online by Cambridge University Press