patients or for patients with CHD, and patients of control group were in routine clinical practice. All patients were observed during 12 months. Economic efficiency in both cases was evaluated on the basis of “cost of illness” and “cost-effectiveness” analysis. RESULTS: In hypertensive patients we received the following results. The cost-efficiency ratio for decreasing blood pressure on 1% was $216.6 in the treatment group and $1179 in the control group. The results of patients’ education in CHD patient were the following: The cost-efficiency ratio for decreasing angina attacks frequency on 1% was $974 in treatment group and $2838 in control group. The cost-efficiency ratio for decreasing cholesterol on 1% was $2857 in the treatment group and $9316 in the control group. CONCLUSION: Educational preventive technologies for patients with cardiovascular diseases are cost-effective over a one-year period.

**OPTIMIZATION OF DIAGNOSIS AND TREATMENT OF CORONARY ARTERY DISEASE IN CHINA WITH USE OF CORONARY CT ANGIOGRAPHY**

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**OBJECTIVE:** Diagnosis of coronary artery disease (CAD) in China using coronary angiography (CA) is challenging due to high disease prevalence and limited resources. It has been estimated that up to 50% of Chinese patients are negative for CAD upon CA. Coronary CT Angiography (CTA) may provide an opportunity to minimize unnecessary invasive diagnostic procedures and increase patient access to diagnosis of CAD in a cost-effective manner. This study was conducted to evaluate the potential costs and efficiency of utilizing CTA in combination with CA to optimize diagnosis and care of patients with suspected CAD in China. **METHODS:** We conducted a cost-consequences analysis from the perspective of Fujwai Hospital in Beijing. We developed a decision-analytic model comparing a diagnostic strategy of CA only with a strategy of CTA in combination with CA for patients with low to moderate pre-test probability (based on Duke Clinical Score) of significant disease. All CA-positive patients were assumed to receive percutaneous coronary intervention (PCI). CTA diagnostic accuracy data and cost estimates were obtained from Fujwai Hospital and other inputs were derived from the published literature. **RESULTS:** In the base-case analysis, assuming a CAD prevalence of 39% (range 18–64%) in the low to moderate risk patient population, utilization of CTA in combination with CA lead to a cost savings of $559 (USD) per patient (range $680–$416) compared to the CA only diagnosis strategy. The hospital cost per diagnosis of CAD was $12,483 (CTA + CA) (range $14,197–$11,900) and $13,418 (CA only) (range $17,406–$12,100), and the proportion of catheter lab diagnoses leading to PCI increased from 39% (range 18–64%) to 73% (range 48–88%). **CONCLUSION:** Our study suggests that CTA implementation in China could optimize the patient population that undergoes invasive CA procedures and provide cost-savings for Chinese hospitals.