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Brown

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(54) **DISEASE SIMULATION SYSTEM AND METHOD**

3,581,072 A 5/1971 Nymeyer
3,768,014 A 10/1973 Smith

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(Continued)

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FOREIGN PATENT DOCUMENTS

EP 0286456 10/1988

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(Continued)

OTHER PUBLICATIONS

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See application file for complete search history.

(56) **References Cited**

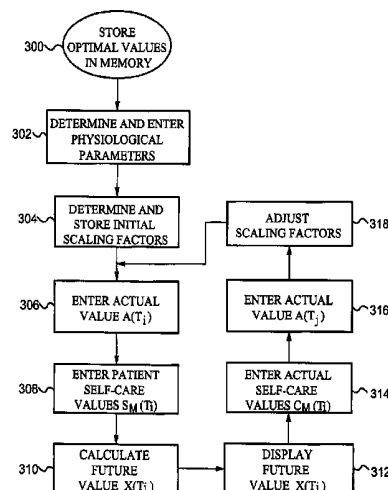
U.S. PATENT DOCUMENTS

3,426,150 A 2/1969 Tygart
3,566,365 A 2/1971 Rawson et al.
3,566,370 A 2/1971 Worthington, Jr. et al.

ABSTRACT

A system and method for predicting the effect of patient self-care actions on a disease control parameter. A future disease control parameter value $X(t_j)$ at time t_j is determined from a prior disease control parameter value $X(t_i)$ at time t_i based on an optimal control parameter value $R(t_i)$ at time t_i , the difference between the prior disease control parameter value $X(t_i)$ and an optimal control parameter value $R(t_i)$ at time t_i , and a set of differentials between patient self-care parameters having patient self-care values $S_M(t_i)$ at time t_i and optimal self-care parameters having optimal self-care values $O_M(t_i)$ at time t_i . The differentials are multiplied by corresponding scaling factors K_M . The system includes an input device for entering the patient self-care values $S_M(t_i)$. A memory stores the optimal control parameter values $R(t_i)$ and $R(t_j)$, the prior disease control parameter value $X(t_i)$, the optimal self-care values $O_M(t_i)$, and the scaling factors K_M . A processor in communication with the input device and memory calculates the future disease control parameter value $X(t_j)$. A display is connected to the processor to display the future disease control parameter value $X(t_j)$ to a patient.

27 Claims, 8 Drawing Sheets



U.S. PATENT DOCUMENTS			
3,811,116 A	5/1974	Takeuchi et al.	4,933,876 A 6/1990 Markoff et al.
3,883,235 A	5/1975	Lynn et al.	4,950,246 A 8/1990 Muller
3,910,257 A	10/1975	Fletcher et al.	4,950,264 A 8/1990 Osborn, III
3,920,005 A	11/1975	Gombrich et al.	4,953,552 A 9/1990 DeMarzo
3,996,928 A	12/1976	Marx	4,958,632 A 9/1990 Duggan
4,004,577 A	1/1977	Sarnoff	4,958,641 A 9/1990 Digby et al.
4,051,522 A	9/1977	Healy et al.	4,967,756 A 11/1990 Hewitt
4,060,915 A	12/1977	Conway	4,977,899 A 12/1990 Digby et al.
4,130,881 A	12/1978	Haessler et al.	4,978,303 A 12/1990 Lampbell
4,150,284 A	4/1979	Trenkler et al.	4,978,335 A 12/1990 Arthur, III
4,151,407 A	4/1979	McBride et al.	4,979,509 A 12/1990 Hakky
4,151,831 A	5/1979	Lester	4,995,402 A 2/1991 Smith et al.
4,173,971 A	11/1979	Karz	5,007,429 A 4/1991 Treatch et al.
4,216,462 A	8/1980	McGrath et al.	5,009,645 A 4/1991 Silver et al.
4,227,526 A	10/1980	Goss	5,016,172 A 5/1991 Dessertine
4,253,521 A	3/1981	Savage	5,019,974 A 5/1991 Beckers
4,259,548 A	3/1981	Fahey et al.	5,024,225 A 6/1991 Fang
4,270,547 A	6/1981	Steffen et al.	5,025,374 A 6/1991 Roizen et al.
4,296,756 A	10/1981	Dunning et al.	5,034,807 A 7/1991 Von Kohorn
4,347,568 A	8/1982	Giguere et al.	5,035,625 A 7/1991 Munson et al.
4,347,851 A	9/1982	Jundanian	5,036,462 A 7/1991 Kaufman et al.
4,360,345 A	11/1982	Hon	5,049,487 A 9/1991 Phillips et al.
4,412,287 A	10/1983	Braddock, III	5,050,612 A 9/1991 Matsumura
4,417,306 A	11/1983	Citron et al.	5,056,059 A 10/1991 Tivig et al.
4,422,081 A	12/1983	Woods	5,059,394 A 10/1991 Phillips et al.
4,428,733 A	1/1984	Kumar-Misir	5,065,315 A 11/1991 Garcia
4,449,536 A	5/1984	Weaver	5,068,536 A 11/1991 Rosenthal
4,465,077 A	8/1984	Schneider	5,074,317 A 12/1991 Bondell et al.
4,473,884 A	9/1984	Behl	5,077,476 A 12/1991 Rosenthal
4,518,361 A	5/1985	Conway	5,077,665 A 12/1991 Silverman et al.
4,519,398 A	5/1985	Lisiecki et al.	5,095,798 A 3/1992 Okada et al.
4,531,527 A	7/1985	Reinhold, Jr.	5,104,380 A 4/1992 Holman et al.
4,546,436 A	10/1985	Schneider et al.	5,109,414 A 4/1992 Harvey et al.
4,566,461 A	1/1986	Lubell et al.	5,109,974 A 5/1992 Beer et al.
4,576,578 A	3/1986	Parker et al.	5,111,396 A 5/1992 Mills et al.
4,592,546 A	6/1986	Fascenda et al.	5,111,817 A 5/1992 Clark et al.
4,627,445 A	12/1986	Garcia	5,111,818 A 5/1992 Suzuki et al.
4,674,652 A	6/1987	Aten et al.	5,120,230 A 6/1992 Clark et al.
4,686,624 A	8/1987	Blum et al.	5,120,421 A 6/1992 Glass et al.
4,694,490 A	9/1987	Harvey et al.	5,128,552 A 7/1992 Fang et al.
4,695,954 A	9/1987	Rose et al.	5,128,752 A 7/1992 Von Kohorn
4,712,562 A	12/1987	Ohayon et al.	5,134,391 A 7/1992 Okada
4,722,349 A	2/1988	Baumberg	5,142,358 A 8/1992 Jason
4,729,381 A	3/1988	Harada et al.	5,142,484 A * 8/1992 Kaufman et al. 222/638
4,730,253 A	3/1988	Gordon	5,143,378 A 9/1992 Joel
4,731,726 A	3/1988	Allen, III	5,171,977 A 12/1992 Morrison
4,738,451 A	4/1988	Logg	5,176,502 A 1/1993 Sanderson et al.
4,757,022 A	7/1988	Shults et al.	5,182,707 A 1/1993 Cooper et al.
4,768,229 A	8/1988	Benjamin et al.	5,204,670 A 4/1993 Stinton
4,779,199 A	10/1988	Yoneda et al.	5,219,322 A 6/1993 Weathers
4,782,511 A	11/1988	Nemec et al.	5,222,020 A 6/1993 Takeda
4,789,928 A	12/1988	Fujisaki	5,226,895 A 7/1993 Harris
4,796,639 A	1/1989	Snow et al.	5,227,874 A 7/1993 Von Kohorn
4,799,156 A	1/1989	Shavit et al.	5,228,450 A 7/1993 Sellers
4,799,199 A	1/1989	Scales, III et al.	5,230,629 A 7/1993 Buschke
4,803,625 A	2/1989	Fu et al.	5,231,990 A 8/1993 Gauglitz
4,835,372 A	5/1989	Gombrich et al.	5,243,515 A 9/1993 Lee
4,838,275 A	6/1989	Lee	5,249,044 A 9/1993 Von Kohorn
4,846,797 A	7/1989	Howson et al.	5,251,126 A 10/1993 Kahn et al.
4,853,521 A	8/1989	Claeys et al.	5,261,401 A 11/1993 Baker et al.
4,858,354 A	8/1989	Gettler	5,262,943 A 11/1993 Thibado et al.
4,858,617 A	8/1989	Sanders	5,265,888 A 11/1993 Yamamoto et al.
4,890,621 A	1/1990	Hakky	5,266,179 A 11/1993 Nankai et al.
4,894,777 A	1/1990	Negishi et al.	5,275,159 A 1/1994 Griebel
4,897,869 A	1/1990	Takahashi	5,282,950 A 2/1994 Dietze et al.
4,899,839 A	2/1990	Dessertine et al.	5,295,491 A 3/1994 Gevins
4,903,201 A	2/1990	Wagner	5,299,121 A 3/1994 Brill et al.
4,907,973 A	3/1990	Hon	5,301,105 A 4/1994 Cummings, Jr.
4,916,441 A	4/1990	Gombrich	5,304,112 A 4/1994 Mrklas et al.
4,931,934 A	6/1990	Snyder	5,304,468 A 4/1994 Phillips et al.
4,933,873 A	6/1990	Kaufman et al.	5,307,263 A 4/1994 Brown
			5,309,919 A 5/1994 Snell et al.
			5,321,009 A 6/1994 Baeder et al.

US 7,643,971 B2

Page 3

5,325,288 A	6/1994	Satou	5,628,309 A	5/1997	Brown
5,329,459 A	7/1994	Kaufman et al.	5,629,981 A	5/1997	Nerlikar
5,329,608 A	7/1994	Bocchieri et al.	5,631,844 A	5/1997	Margrey et al.
5,331,549 A	7/1994	Crawford, Jr.	5,633,910 A	5/1997	Cohen
5,333,981 A	8/1994	Pronovost et al.	5,635,532 A	6/1997	Samid
5,335,338 A	8/1994	Proesel	5,640,569 A	6/1997	Miller et al.
5,339,821 A	8/1994	Fujimoto	5,640,953 A	6/1997	Bishop et al.
5,341,291 A	8/1994	Roizen et al.	5,642,731 A	7/1997	Kehr
5,343,239 A	8/1994	Lappington et al.	5,642,936 A	7/1997	Evans
5,344,324 A	9/1994	O'Donnell et al.	5,651,363 A	7/1997	Kaufman et al.
5,357,427 A	10/1994	Langen et al.	5,651,775 A	7/1997	Walker et al.
5,366,896 A	11/1994	Margrey et al.	5,659,691 A	8/1997	Durward et al.
5,368,562 A	11/1994	Blomquist et al.	5,666,487 A	9/1997	Goodman et al.
5,371,687 A	12/1994	Holmes, II et al.	5,670,711 A	9/1997	Detournay et al.
5,375,604 A	12/1994	Kelly et al.	5,675,635 A	10/1997	Vos et al.
5,377,100 A	12/1994	Pope et al.	5,678,562 A	10/1997	Sellers
5,390,238 A	2/1995	Kirk et al.	5,678,571 A	10/1997	Brown
5,399,821 A	3/1995	Inagaki et al.	5,679,075 A	10/1997	Forrest et al.
5,410,471 A	4/1995	Alyfuku et al.	5,680,590 A	10/1997	Parti
5,410,474 A	4/1995	Fox	5,680,866 A	10/1997	Kangas et al.
5,429,140 A	7/1995	Burdea et al.	5,687,322 A	11/1997	Deaton et al.
5,431,690 A	7/1995	Schaldach et al.	5,687,717 A	11/1997	Halpern et al.
5,431,691 A	7/1995	Snell et al.	5,687,734 A	11/1997	Dempsey et al.
5,434,611 A	7/1995	Tamura	5,689,652 A	11/1997	Lupien et al.
5,438,607 A	8/1995	Przygoda, Jr. et al.	5,692,906 A	12/1997	Corder
5,438,983 A	8/1995	Falcon	5,704,364 A	1/1998	Saltzstein et al.
5,441,047 A	8/1995	David et al.	5,704,366 A	1/1998	Tacklind et al.
5,449,334 A	9/1995	Kingsbury	5,704,902 A	1/1998	Vandenbelt et al.
5,454,721 A	10/1995	Kuch	5,704,922 A	1/1998	Brown
5,454,722 A	10/1995	Holland et al.	5,710,178 A	1/1998	Samid
5,456,606 A	10/1995	McIntyre	5,710,918 A	1/1998	Lagarde et al.
5,456,692 A	10/1995	Smith, Jr. et al.	5,711,297 A	1/1998	Iliff
5,458,123 A	10/1995	Unger	5,714,319 A	2/1998	Joutel et al.
5,467,269 A	11/1995	Flaten	5,715,451 A	2/1998	Marlin
5,471,039 A	11/1995	Irwin, Jr. et al.	5,715,823 A	2/1998	Wood et al.
5,471,382 A	11/1995	Tallman et al.	5,717,739 A	2/1998	Dyer et al.
5,483,276 A	1/1996	Brooks et al.	5,717,913 A	2/1998	Driscoll
5,488,412 A	1/1996	Majeti et al.	5,720,733 A	2/1998	Brown
5,488,423 A	1/1996	Walkingshaw et al.	5,722,418 A	3/1998	Bro
5,501,231 A	3/1996	Kaish	5,727,153 A	3/1998	Powell
5,502,636 A	3/1996	Clarke	5,730,124 A	3/1998	Yamauchi
5,502,726 A	3/1996	Fischer	5,730,654 A	3/1998	Brown
5,504,519 A	4/1996	Remillard	5,732,696 A	3/1998	Rapoport et al.
5,517,405 A	5/1996	McAndrew et al.	5,732,709 A	3/1998	Tacklind et al.
5,518,001 A	5/1996	Snell	5,734,413 A	3/1998	Lappington et al.
5,519,058 A	5/1996	Gonick et al.	5,749,083 A	5/1998	Koda et al.
5,519,433 A	5/1996	Lappington et al.	5,752,234 A	5/1998	Withers
5,523,232 A	6/1996	Sechler	5,754,740 A	5/1998	Fukuoka et al.
5,536,249 A	7/1996	Castellano et al.	5,760,771 A	6/1998	Blonder et al.
5,542,420 A	8/1996	Goldman et al.	5,772,585 A	6/1998	Lavin et al.
5,544,649 A	8/1996	David et al.	5,778,882 A	7/1998	Raymond et al.
5,546,943 A	8/1996	Gould	5,782,814 A	7/1998	Brown et al.
5,549,117 A	8/1996	Tacklind et al.	5,785,650 A	7/1998	Akasaka et al.
5,550,575 A	8/1996	West et al.	5,787,295 A	7/1998	Nakao
5,553,609 A	9/1996	Chen et al.	5,791,342 A	8/1998	Woodard
5,558,638 A	9/1996	Evers et al.	5,792,117 A	8/1998	Brown
5,564,429 A	10/1996	Bornn et al.	5,793,969 A	8/1998	Kamentsky et al.
5,569,212 A	10/1996	Brown	5,794,219 A	8/1998	Brown
5,572,421 A	11/1996	Altman et al.	5,794,251 A	8/1998	Watanabe et al.
5,572,646 A	11/1996	Kawai et al.	5,796,393 A	8/1998	MacNaughton
5,574,828 A	11/1996	Hayward et al.	5,799,318 A	8/1998	Cardinal et al.
5,576,952 A	11/1996	Stutman et al.	5,800,458 A	9/1998	Wingrove
5,583,758 A	12/1996	McIlroy et al.	5,802,494 A	9/1998	Kuno
5,590,648 A	1/1997	Mitchell et al.	5,802,534 A	9/1998	Hatayama et al.
5,593,349 A	1/1997	Miguel et al.	5,806,057 A	9/1998	Gormley et al.
5,593,390 A	1/1997	Castellano et al.	5,810,747 A	9/1998	Brudny et al.
5,594,637 A	1/1997	Eisenberg et al.	5,819,735 A	10/1998	Mansfield et al.
5,596,994 A *	1/1997	Bro 600/545	5,822,544 A	10/1998	Chaco et al.
5,597,307 A	1/1997	Redford et al.	5,822,715 A	10/1998	Worthington et al.
5,601,435 A	2/1997	Quy	5,825,283 A	10/1998	Camhi
5,613,495 A	3/1997	Mills et al.	5,827,180 A	10/1998	Goodman
5,619,991 A	4/1997	Sloane	5,828,943 A	10/1998	Brown
5,624,265 A	4/1997	Redford et al.	5,832,448 A	11/1998	Brown

5,835,896 A	11/1998	Fisher et al.	6,270,455 B1	8/2001	Brown
5,840,020 A	11/1998	Heinonen et al.	6,270,456 B1	8/2001	Iliff
5,842,976 A	12/1998	Williamson	6,334,778 B1	1/2002	Brown
5,868,669 A	2/1999	Iliff	6,352,523 B1	3/2002	Brown et al.
5,868,683 A	2/1999	Protopapas et al.	6,368,273 B1	4/2002	Brown
5,875,432 A	2/1999	Sehr	6,370,513 B1	4/2002	Kolawa et al.
5,879,163 A	3/1999	Brown et al.	6,375,469 B1	4/2002	Brown
5,882,338 A	3/1999	Gray	6,379,301 B1	4/2002	Worthington et al.
5,887,133 A	3/1999	Brown et al.	6,381,577 B1	4/2002	Brown
5,893,077 A	4/1999	Griffin	6,436,036 B1	8/2002	Miller-Kovach et al.
5,893,098 A	4/1999	Peters et al.	6,513,532 B2	2/2003	Mault et al.
5,897,493 A	4/1999	Brown	2002/0019748 A1	2/2002	Brown
5,899,855 A	5/1999	Brown	2004/0106855 A1	6/2004	Brown
5,911,687 A	6/1999	Sato et al.	2004/0107116 A1	6/2004	Brown
5,913,310 A	6/1999	Brown	2004/0117207 A1	6/2004	Brown
5,918,603 A	7/1999	Brown	2004/0117208 A1	6/2004	Brown
5,920,477 A	7/1999	Hoffbert et al.	2004/0117209 A1	6/2004	Brown
5,933,136 A	8/1999	Brown	2004/0117210 A1	6/2004	Brown
5,935,060 A	8/1999	Iliff			
5,940,801 A	8/1999	Brown			

FOREIGN PATENT DOCUMENTS

5,941,829 A	8/1999	Saltzstein et al.	EP	0320749	6/1989
5,945,651 A	8/1999	Chorosinski et al.	EP	370599	5/1990
5,951,300 A	9/1999	Brown	EP	0461910	12/1991
5,954,641 A	9/1999	Kehr et al.	EP	508912	10/1992
5,956,501 A	9/1999	Brown	EP	526166	2/1993
5,960,403 A	9/1999	Brown	EP	0558975	9/1993
5,961,446 A	10/1999	Beller et al.	EP	0653718	5/1995
5,966,526 A	10/1999	Yokoi	EP	676709	10/1995
5,971,855 A	10/1999	Ng	EP	680727	11/1995
5,971,922 A	10/1999	Arita et al.	EP	761160	3/1997
5,983,003 A	11/1999	Lection et al.	EP	08131551	12/1997
5,983,217 A	11/1999	Khosravi-Sichani et al.	EP	0251520	1/1998
5,987,471 A	11/1999	Bodine et al.	GB	2218831	11/1989
5,995,969 A	11/1999	Lee et al.	GB	2225637	6/1990
5,997,476 A	12/1999	Brown	JP	54005785	1/1979
5,997,502 A	12/1999	Reilly et al.	JP	54146633	11/1979
6,001,065 A	12/1999	DeVito	JP	62226278	10/1987
6,022,315 A	2/2000	Iliff	JP	5155024	6/1993
6,022,615 A	2/2000	Rettenbacher	JP	5266002	10/1993
6,023,686 A	2/2000	Brown	JP	7-95963	4/1995
6,024,281 A	2/2000	Shepley	WO	WO-8501667	4/1985
6,029,138 A	2/2000	Khorasani et al.	WO	WO-90/00367	1/1990
6,032,119 A	2/2000	Brown et al.	WO	WO-9109374	6/1991
6,035,328 A	3/2000	Soukal	WO	WO-93/01489	1/1993
6,046,761 A	4/2000	Echerer	WO	WO-9302622	2/1993
6,049,794 A	4/2000	Jacobs et al.	WO	WO-9416774	8/1994
6,050,940 A	4/2000	Braun et al.	WO	WO-95/09386	4/1995
6,055,314 A	4/2000	Spies et al.	WO	WO-95/20199	7/1995
6,055,487 A	4/2000	Margery et al.	WO	WO-9522131	8/1995
6,055,506 A	4/2000	Frasca, Jr.	WO	WO-9529447	11/1995
6,057,758 A	5/2000	Dempsey et al.	WO	WO-96/07908	3/1996
6,068,615 A	5/2000	Brown et al.	WO	WO-96/25877	8/1996
6,095,985 A	8/2000	Raymond et al.	WO	WO-9636923	11/1996
6,101,478 A	8/2000	Brown	WO	WO-97/08605	3/1997
6,110,148 A	8/2000	Brown et al.	WO	WO-97/12544	4/1997
6,113,578 A	9/2000	Brown	WO	WO-9737738	10/1997
6,138,145 A	10/2000	Kawanaka	WO	WO-98/16895	4/1998
6,144,837 A	11/2000	Quy	WO	WO-9831275	7/1998
6,151,586 A	11/2000	Brown	WO	WO-9839933	9/1998
6,161,095 A	12/2000	Brown			
6,167,362 A	12/2000	Brown et al.			
6,167,386 A	12/2000	Brown			
6,168,563 B1	1/2001	Brown			
6,177,940 B1	1/2001	Bond et al.			
6,186,145 B1	2/2001	Brown			
6,189,029 B1	2/2001	Fuerst			
D439,242 S	3/2001	Brown et al.			
6,210,272 B1	4/2001	Brown			
6,221,012 B1	4/2001	Maschke et al.			
6,233,539 B1	5/2001	Brown			
6,240,393 B1	5/2001	Brown			
6,248,065 B1	6/2001	Brown			
6,260,022 B1	7/2001	Brown			

OTHER PUBLICATIONS

Billiard, A., et al. "Telematic Transmission of Computerized Blood Glucose Profiles for IDDM Patients", *Diabetes Care*, (Feb. 1991), vol. 14, No. 2, pp. 130-134.

Blood Glucose Monitors, Portable Health Device, (1998), vol. 17(9), pp. 253-271.

Horio, Hiroyuki, et al., "Clinical Telecommunication Network System for Home Monitoring", *Medical & Biological Engineering & Computing*, (Mar. 1994), vol. 32, 227-230.

Hunter, "Technological Advances in Bedside Monitoring: Biosensors", *Archives and Laboratory Medicine*, (Jul. 1987), pp. 633-636.

Introducing the Next Generation of About Your Diabetes, U.S. Pharmacopical Convention and American Diabetes Association, (1993).

Jimison et al., "Patient-Specific explanation in models of chronic disease", Revised Feb. 1992 Artificial Intelligence in Medicine 4 (1992) 191-205.

Kuykendall, V.G., et al., "Assessment of Self-Monitored Blood Glucose results Using a Reflectance Meter with Memory and Microcomputer", Symposium on Computer Applications in Medical Care, (Jan. 1981), vol. 70, pp. 98-102.

Latman, N.S., "Evaluation of Electronic, Digital Blood Glucose Monitors", Biomedical Instrumentation and Technology, (1991), vol. 25, No. 1, 43-49.

Makikawa, M., et al., "Microprocessor-Based Memory Device for Ambulatory Heart Rate and Physical Activity Recording", Methods of Information in Medicine, (1994), vol. 33, No. 1, pp. 94-96.

Miles, Laughton E., "A Portable Microcomputer for Long-Term Physiological Monitoring in the Home and Work Environment",

Medical Monitoring in the Home and Work Environment, (1990), pp. 47-57.

Pfeiffer, E. F., "The Glucose Sensor: The Missing Link in Diabetes Therapy", Hormone and Metabolic Research, (1990), vol. 24m Suppl. pp. 154-164.

Poitout, V., et al. "A Glucose Monitoring System for On Line Estimation in Man of Blood Glucose Concentration Using a Miniaturized Glucose Sensor Implanted in the Subcutaneous Tissue and a Wearable Control Unit", Diabetologia, (1993), vol. 36, pp. 658-663.

Reis, H., "Telemedicine: Transmitting Expertise to the Point of Care Toward an Electronic Patient Record", '97, Nashville, TN, Apr. 27-May 3, 1997, pp. 248-256, v. 3.

Thompson and Vandenberg, Clinical Biochemistry (1986) 19:255-261.

Velho et. al., Biomed. Biochim. Acta (1989) 48(11/12):957-964.

Complaint filed Aug. 17, 2006, *Abbott Diabetes Care Inc. v. Decom, Inc.*

* cited by examiner

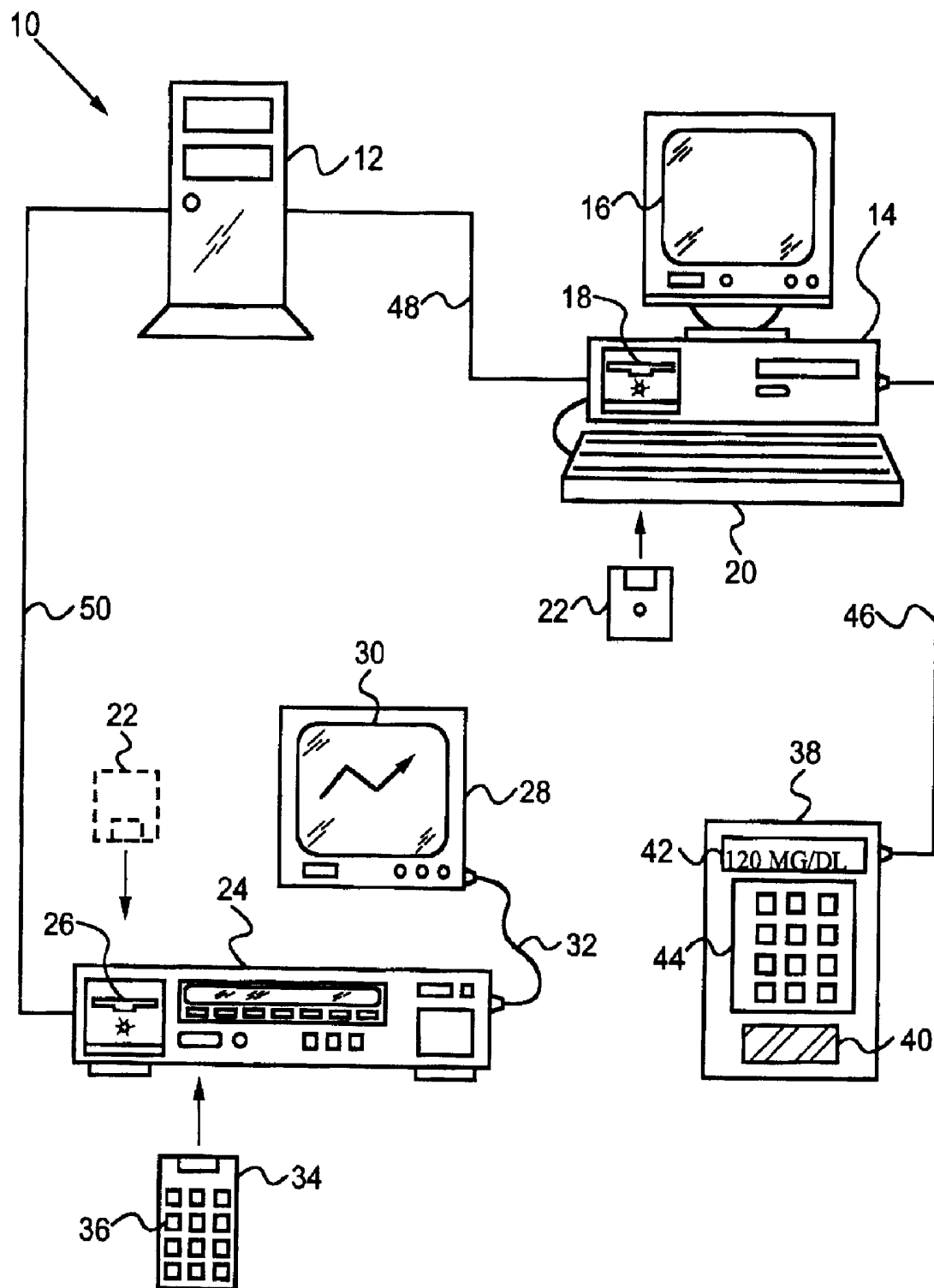


FIG. 1

41

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PHYSIOLOGICAL PARAMETERS ENTRY SCREEN

BODY MASS (KG): 43

METABOLISM RATE:

FITNESS LEVEL:

INSULIN SENSITIVITIES:

 HEPATIC (SH)

 PERIPHERAL (SP)

45

47

FIG. 2

52

~

SELF-CARE PARAMETERS ENTRY SCREEN

FOOD EXCHANGES:	BREAKFAST	LUNCH	DINNER
TIME (HH:MM)	08:00	12:00	18:00 51
CARBOHYDRATE (G)	40	40	30 53

INSULIN INJECTIONS:	DOSE 1	DOSE 2	DOSE 3
TIME (HH:MM)	08:00	12:00	18:00
DOSE (UNITS)	15	10	12

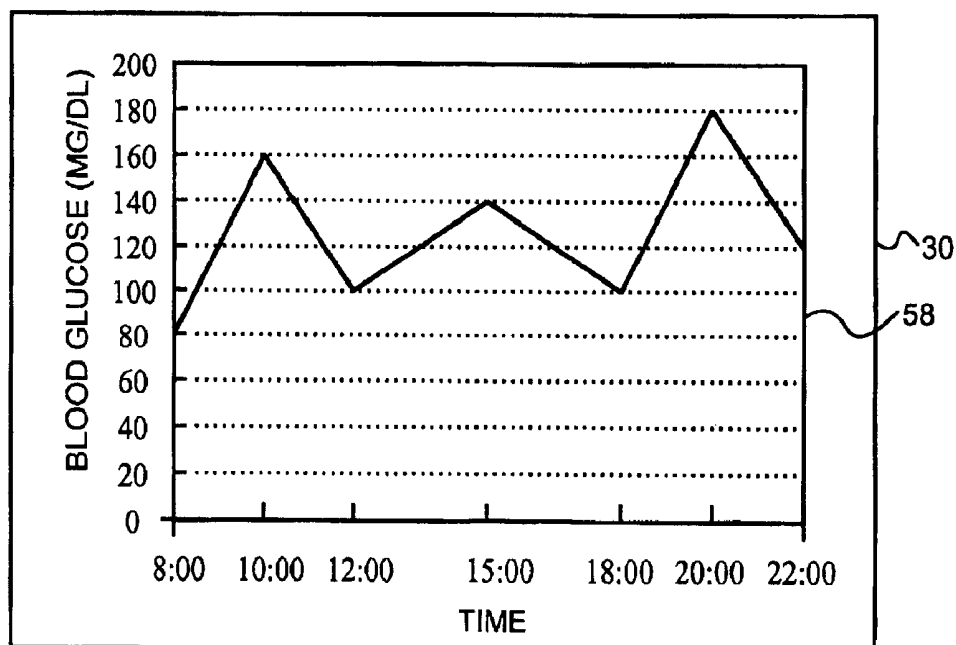
EXERCISE:	SESSION 1	SESSION 2	SESSION 3
TIME (HH:MM)	15:00		
DURATION (15 MIN. UNITS)	2		

55 ~ ~ 57

FIG. 3

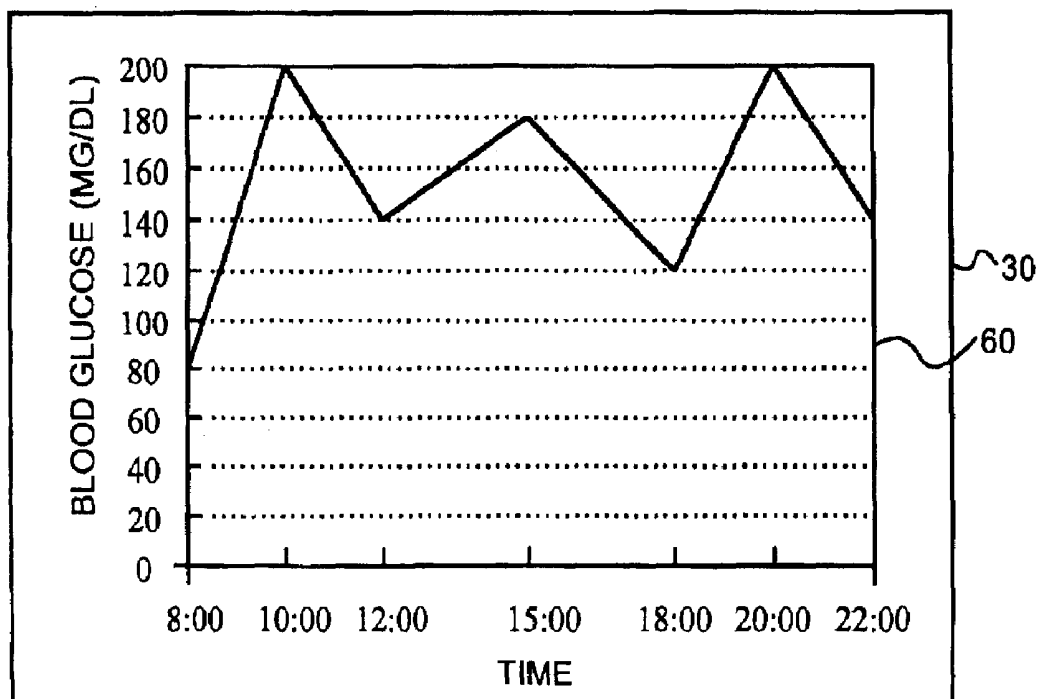
56
S

t	R(t)	X(t)	$S_1(t) - O_1(t)$	$S_2(t) - O_2(t)$	$S_3(t) - O_3(t)$	K_1	K_2	K_3
8:00	80	80	0	0	0	4	-40	-5
10:00	160	160	0	0	0	4	-40	-5
12:00	100	100	0	0	0	4	-40	-5
15:00	140	140	0	0	0	4	-40	-5
18:00	100	100	0	0	0	4	-40	-5
20:00	180	180	0	0	0	4	-40	-5
22:00	120	120	0	0	0	4	-40	-5

FIG. 4**FIG. 5**

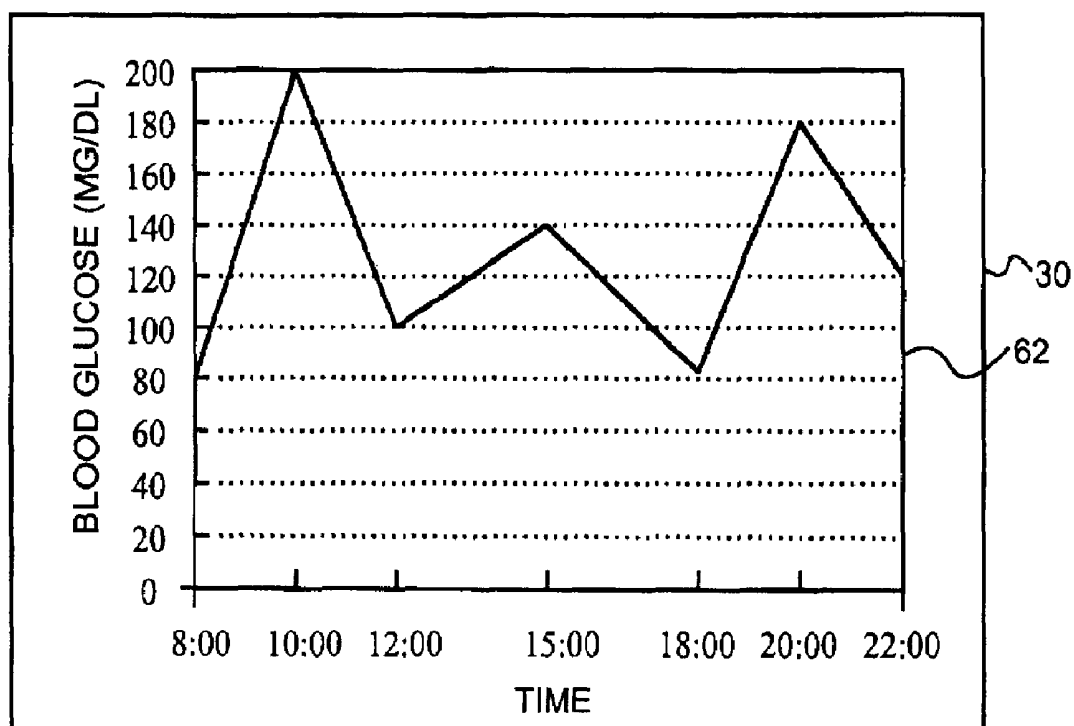
59
S

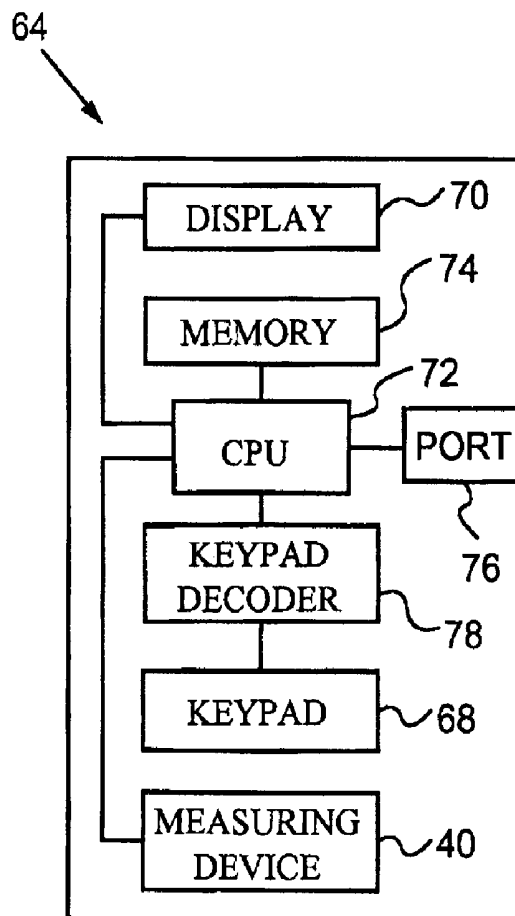
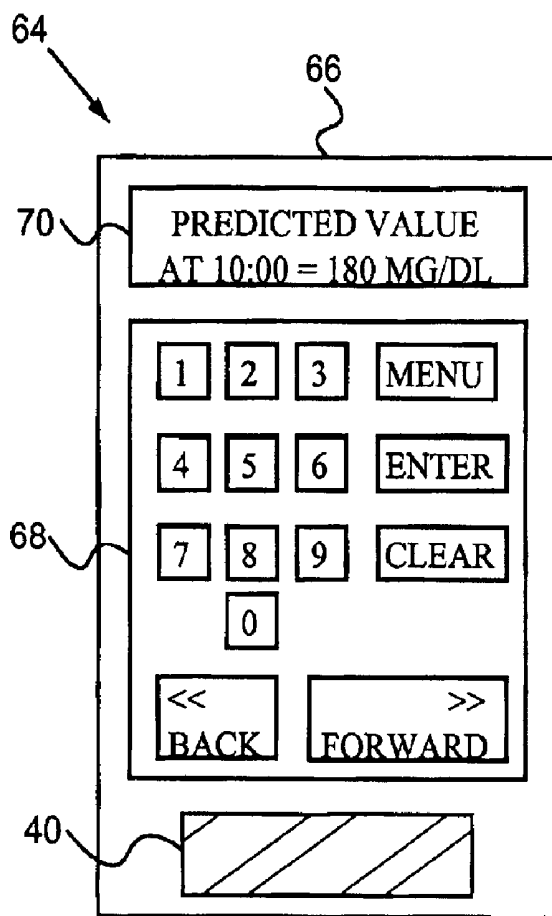
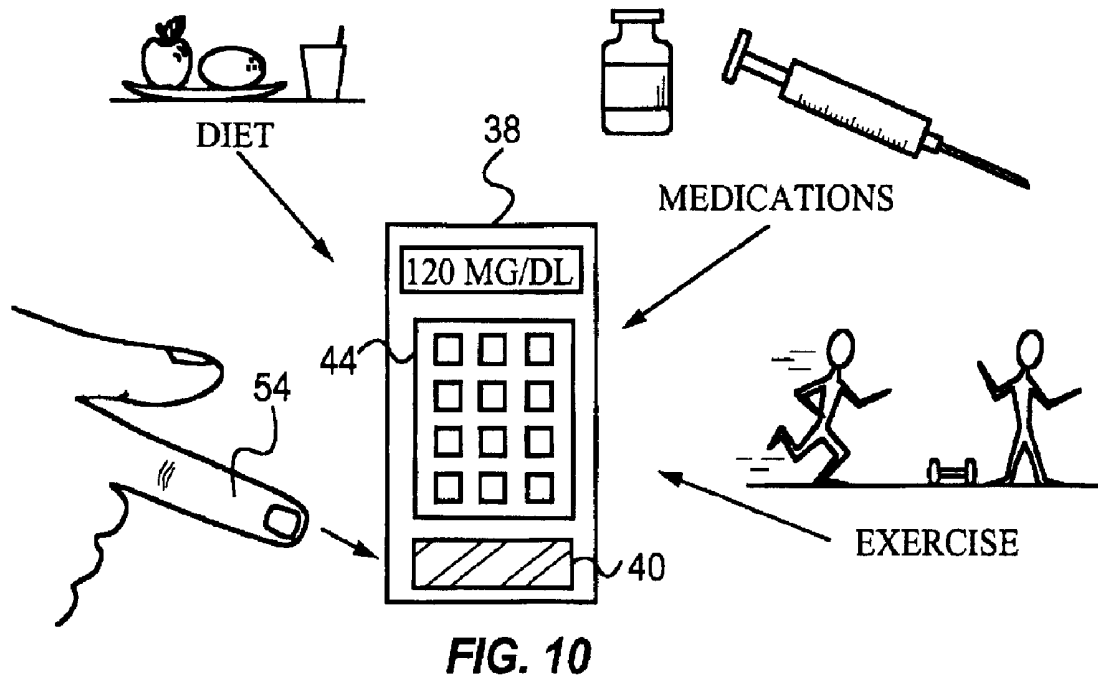
t	R(t)	X(t)	$S_1(t) - O_1(t)$	$S_2(t) - O_2(t)$	$S_3(t) - O_3(t)$	K_1	K_2	K_3
8:00	80	80	10	0	0	4	-40	-5
10:00	160	200	0	0	0	4	-40	-5
12:00	100	140	0	0	0	4	-40	-5
15:00	140	180	0	0	4	4	-40	-5
18:00	100	120	0	0	0	4	-40	-5
20:00	180	200	0	0	0	4	-40	-5
22:00	120	140	0	0	0	4	-40	-5

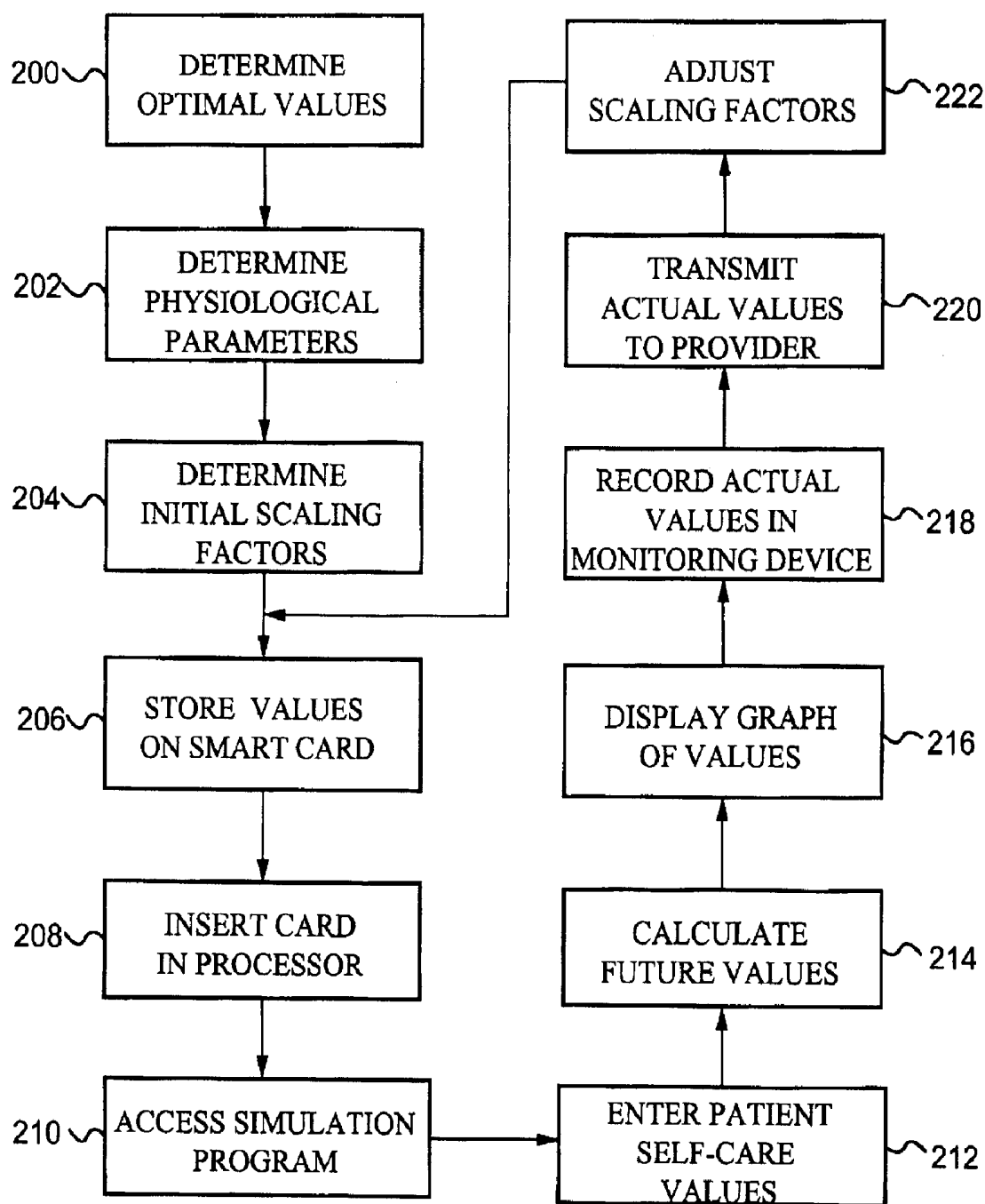
FIG. 6**FIG. 7**

61
S

t	R(t)	X(t)	$S_1(t) - O_1(t)$	$S_2(t) - O_2(t)$	$S_3(t) - O_3(t)$	K_1	K_2	K_3
8:00	80	80	10	0	0	4	-40	-5
10:00	160	200	0	1	0	4	-40	-5
12:00	100	100	0	0	0	4	-40	-5
15:00	140	140	0	0	4	4	-40	-5
18:00	100	80	5	0	0	4	-40	-5
20:00	180	180	0	0	0	4	-40	-5
22:00	120	120	0	0	0	4	-40	-5

FIG. 8**FIG. 9**



**FIG. 13**

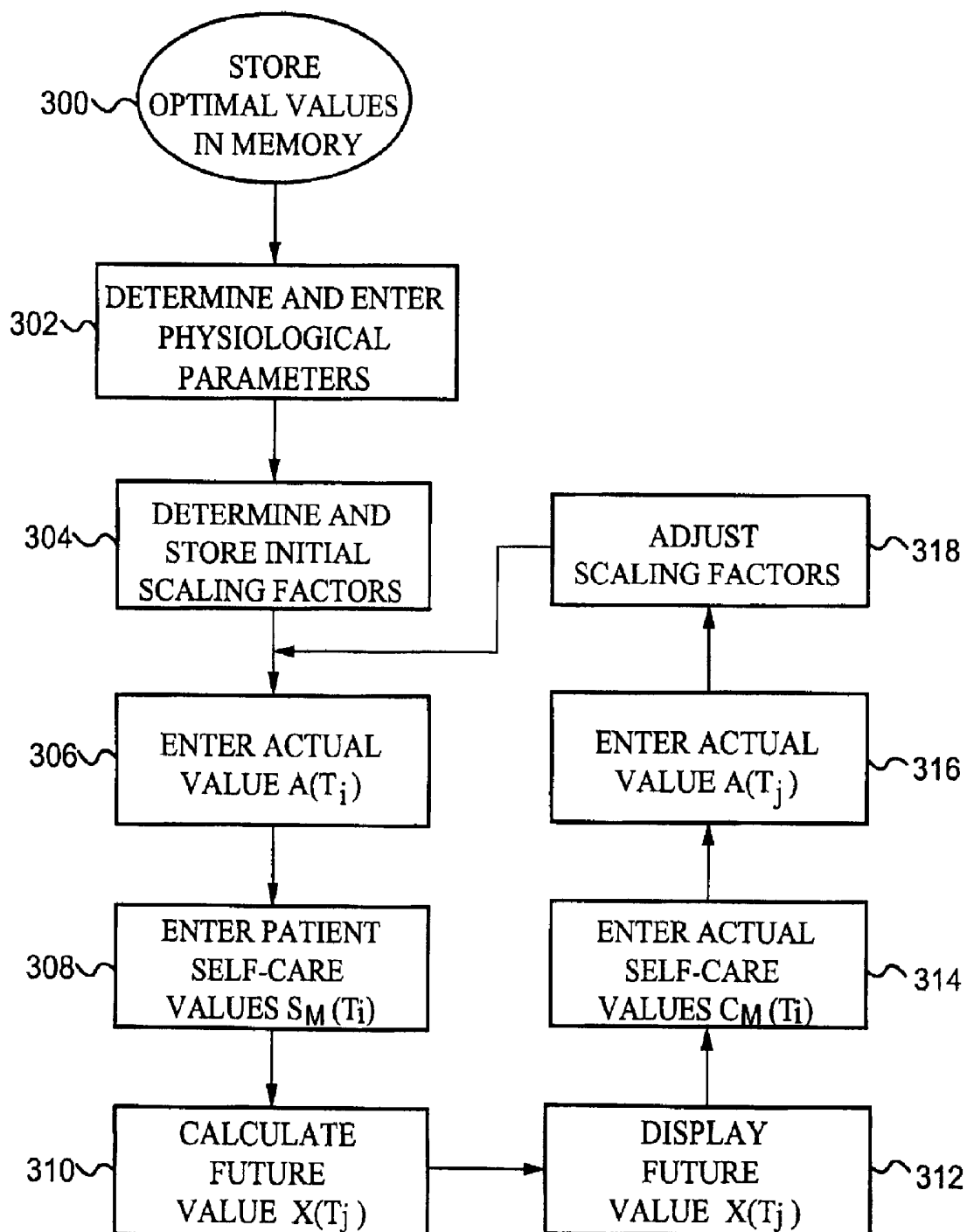


FIG. 14

DISEASE SIMULATION SYSTEM AND METHOD

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation of copending patent application Ser. No. 09/810,865, filed Mar. 16, 2001 now U.S. Pat. No. 7,167,818, which is a continuation of Ser. No. 09/399,122, filed Sep. 20, 1999, now U.S. Pat. No. 6,233,539, which is a continuation of Ser. No. 08/781,278 filed Jan. 10, 1997, now U.S. Pat. No. 5,956,501, each of which are herein incorporated by reference.

BACKGROUND

1. Field of the Invention

The present invention relates generally to disease simulation systems, and in particular to a system and method for simulating a disease control parameter and for predicting the effect of patient self-care actions on the disease control parameter.

2. Description of Prior Art

Managing a chronic disease or ongoing health condition requires the monitoring and controlling of a physical or mental parameter of the disease. Examples of these disease control parameters include blood glucose in diabetes, respiratory flow in asthma, blood pressure in hypertension, cholesterol in cardiovascular disease, weight in eating disorders, T-cell or viral count in HIV, and frequency or timing of episodes in mental health disorders. Because of the continuous nature of these diseases, their corresponding control parameters must be monitored and controlled on a regular basis by the patients themselves outside of a medical clinic.

Typically, the patients monitor and control these parameters in clinician assisted self-care or outpatient treatment programs. In these treatment programs, patients are responsible for performing self-care actions which impact the control parameter. Patients are also responsible for measuring the control parameter to determine the success of the self-care actions and the need for further adjustments. The successful implementation of such a treatment program requires a high degree of motivation, training, and understanding on the part of the patients to select and perform the appropriate self-care actions.

One method of training patients involves demonstrating the effect of various self-care actions on the disease control parameter through computerized simulations. Several computer simulation programs have been developed specifically for diabetes patients. Examples of such simulation programs include BG Pilot™ commercially available from Raya Systems, Inc. of 2570 El Camino Real, Suite 520, Mountain View, CA. 94040 and AIDA freely available on the World Wide Web at the Diabetes UK website <http://www.pcug.co.uk/diabetes/aida.htm>.

Both BG Pilot™ and AIDA use mathematical compartmental models of metabolism to attempt to mimic various processes of a patient's physiology. For example, insulin absorption through a patient's fatty tissue into the patient's blood is represented as a flow through several compartments with each compartment having a different flow constant. Food absorption from mouth to stomach and gut is modeled in a similar manner. Each mathematical compartmental model uses partial differential equations and calculus to simulate a physiological process.

This compartmental modeling approach to disease simulation has several disadvantages. First, understanding the

compartmental models requires advanced mathematical knowledge of partial differential equations and calculus which is far beyond the comprehension level of a typical patient. Consequently, each model is an unfathomable "black box" to the patient who must nevertheless trust the model and rely upon it to learn critical health issues.

A second disadvantage of the compartmental modeling approach is that a new model is needed for each new disease to be simulated. Many diseases involve physiological processes for which accurate models have not been developed. Consequently, the mathematical modeling approach used in BG Pilot™ and AIDA is not sufficiently general to extend simulations to diseases other than diabetes.

A further disadvantage of the modeling approach used in BG Pilot™ and AIDA is that the mathematical models are not easily customized to an individual patient. As a result, BG Pilot™ and AIDA are limited to simulating the effect of changes in insulin and diet on the blood glucose profile of a typical patient. Neither of these simulation programs may be customized to predict the effect of changes in insulin and diet on the blood glucose profile of an individual patient.

OBJECTS AND ADVANTAGES OF THE INVENTION

In view of the above, it is an object of the present invention to provide a disease simulation system which is sufficiently accurate to teach a patient appropriate self-care actions and sufficiently simple to be understood by the average patient. It is another object of the invention to provide a disease simulation system which may be used to simulate many different types of diseases. A further object of the invention is to provide a disease simulation system which may be easily customized to an individual patient.

These and other objects and advantages will become more apparent after consideration of the ensuing description and the accompanying drawings.

SUMMARY OF THE INVENTION

The invention presents a system and method for simulating a disease control parameter and for predicting the effect of patient self-care actions on the disease control parameter. According to the method, a future disease control parameter value $X(t_j)$ at time t_j is determined from a prior disease control parameter value $X(t_i)$ at time t_i based on an optimal control parameter value $R(t_i)$ at time t_i , the difference between the prior disease control parameter value $X(t_i)$ and an optimal control parameter value $R(t_i)$ at time t_i , and a set of differentials between patient self-care parameters having patient self-care values $S_M(t_i)$ at time t_i and optimal self-care parameters having optimal self-care values $O_M(t_i)$ at time t_i . In the preferred embodiment, the differentials are multiplied by corresponding scaling factors K_M and the future disease control parameter value $X(t_j)$ is calculated according to the equation:

$$X(t_j) = R(t_j) + (X(t_i) - R(t_i)) + \sum_M K_M (S_M(t_i) - O_M(t_i))$$

A preferred system for implementing the method includes an input device for entering the patient self-care values $S_M(t_i)$. The system also includes a memory for storing the optimal control parameter values $R(t_i)$ and $R(t_j)$, the prior disease control parameter value $X(t_i)$, the optimal self-care values $O_M(t_i)$, and the scaling factors K_M . A processor in communi-

cation with the input device and memory calculates the future disease control parameter value $X(t_f)$. A display is connected to the processor to display the future disease control parameter value $X(t_f)$ to a patient.

In the preferred embodiment, the system further includes a recording device in communication with the processor for recording an actual control parameter value $A(t_i)$ at time t_i , an actual control parameter value $A(t_j)$ at time t_j , and actual self-care parameters having actual self-care values $C_M(t_i)$ at time t_i . The processor adjusts the scaling factors K_M based on the difference between the actual control parameter value $A(t_j)$ and the optimal control parameter value $R(t_j)$, the difference between the actual control parameter value $A(t_i)$ and the optimal control parameter value $R(t_i)$, and the difference between the actual self-care values $C_M(t_i)$ and the optimal self-care values $O_M(t_i)$. Thus, the scaling factors K_M are customized to an individual patient to predict the effect on the disease control parameter of self-care actions performed by the individual patient.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a schematic diagram of a simulation system according to the invention.

FIG. 2 is a sample physiological parameter entry screen according to the invention.

FIG. 3 is a sample self-care parameter entry screen according to the invention.

FIG. 4 is a table of values according to the invention.

FIG. 5 is a sample graph of disease control parameter values created from the table of FIG. 4.

FIG. 6 is another table of values according to the invention.

FIG. 7 is a sample graph of disease control parameter values created from the table of FIG. 6.

FIG. 8 is another table of values according to the invention.

FIG. 9 is a sample graph of disease control parameter values created from the table of FIG. 8.

FIG. 10 is a schematic illustration of the entry of actual parameter values in a recording device of the system of FIG. 1.

FIG. 11 is a schematic diagram of another simulation system according to the invention.

FIG. 12 is a schematic block diagram illustrating the components of the system of FIG. 11.

FIG. 13 is a flow chart illustrating steps included in a method of the invention.

FIG. 14 is a flow chart illustrating steps included in another method of the invention.

DESCRIPTION

The present invention is a system and method for simulating a disease control parameter and for predicting an effect of patient self-care actions on the disease control parameter. In the following detailed description, numerous specific details are set forth in order to provide a thorough understanding of the present invention. However, it will be apparent to one of ordinary skill in the art that these specific details need not be used to practice the invention. In other instances, well known structures, interfaces, and processes are not shown in detail to avoid unnecessarily obscuring the present invention.

FIGS. 1-10 illustrate a preferred embodiment of a simulation system according to the invention. The following table illustrates a representative sampling of the types of diseases, patient self-care parameters, and disease control parameters which may be simulated using the system and method of the invention.

Disease	Self-Care Parameters	Control Parameter
Diabetes	insulin, diet, exercise	blood glucose level
Asthma	allergens, exercise, inhaled bronchial dilators, anti-inflammatory medications	peak flow rate
Obesity	diet, exercise, metabolism altering medications	weight
Hypertension	diet, exercise, stress reduction, blood pressure medications	blood pressure
Coronary Artery Disease	diet, exercise, stress reduction, lipid lowering medications	cholesterol
Panic Disorder	stress reduction, anti-depressant medications	number of episodes
Nicotine Addiction	cigarettes smoked, coping behaviors	urges to smoke

The above table is not intended as an exhaustive list, but merely as a representative sampling of the types of diseases and disease control parameters which may be simulated. For simplicity, the preferred embodiment is described with reference to a single disease, diabetes, having a single disease control parameter, a blood glucose level. However, it is to be understood that the system and method of the invention are sufficiently flexible to simulate any disease which has a measurable control parameter and which requires patient self-care actions.

Referring to FIG. 1, a simulation system generally indicated at 10 includes a server 12 having a processor and memory for executing a simulation program which will be described in detail below. Server 12 is in communication with a healthcare provider computer 14 through a network link 48.

Healthcare provider computer 14 is preferably a personal computer located at a healthcare provider site, such as a doctor's office.

Server 12 is also in communication with a patient multi-media processor 24 through a network link 50. Patient multi-media processor 24 is located at a patient site, typically the patient's home. In the preferred embodiment, server 12 is a world wide web server, multi-media processor 24 is a web TV processor for accessing the simulation program on server 12, and links 48 and 50 are Internet links. Specific techniques for establishing client/server computer systems in this manner are well known in the art.

Healthcare provider computer 14 includes a processor and memory, a standard display 16, and a keyboard 20. Computer 14 further includes a card slot 18 for receiving a data storage card, such as a smart card 22. Computer 14 is designed to read data from card 22 and write data to card 22. Patient multi-media processor 24 includes a corresponding card slot 26 for receiving card 22. Processor 24 is designed to read data from card 22 and write data to card 22. Thus, healthcare provider computer 14 communicates with patient multi-media processor 24 via smart card 22. Such smart card data communication systems are also well known in the art.

Multi-media processor 24 is connected to a display unit 28, such as a television, by a standard connection cord 32. Display unit 28 has a screen 30 for displaying simulations to the patient. An input device 34, preferably a conventional handheld remote control unit or keyboard, is in signal communication with processor 24. Device 34 has buttons or keys 36 for entering data in processor 24.

System 10 also includes an electronic recording device 38 for recording actual control parameter values and patient self-care data indicating actual self-care actions performed by the patient. Recording device 38 includes a measuring device 40 for producing measurements of the disease control parameter, a keypad 44 for entering the self-care data, and a display 42 for displaying the control parameter values and self-care data to the patient.

Recording device 38 is preferably portable so that the patient may carry device 38 and enter the self-care data at regular monitoring intervals. Device 38 is further connectable to healthcare provider computer 14 via a standard connection cord 46 so that the control parameter values and patient self-care data may be uploaded from device 38 to computer 14. Such recording devices for producing measurements of a disease control parameter and for recording self-care data are well known in the art. For example, U.S. Pat. No. 5,019,974 issued to Beckers on May 28, 1991 discloses such a recording device.

In the example of the preferred embodiment, the disease control parameter is the patient's blood glucose level and recording device 38 is a blood glucose meter, as shown in FIG. 10. In this embodiment, measuring device 40 is a blood glucose test strip designed to test blood received from a patient's finger 54. Device 38 is also designed to record values of the patient's diet, medications, and exercise durations entered by the patient through keypad 44. Of course, in alternative embodiments, the recording device may be a peak flow meter for recording a peak flow rate, a cholesterol meter for recording a cholesterol level, etc.

The simulation system of the present invention includes a simulation program which uses a mathematical model to calculate disease control parameter values. The following variables used in the mathematical model are defined as follows:

N =Normal time interval in which patient self-care actions are employed to make a measurable difference in the disease control parameter or a natural rhythm occurs in the disease control parameter. For diabetes and asthma, time interval N is preferably twenty-four hours. For obesity or coronary artery disease, time interval N is typically three to seven days.

$t_1, t_2, \dots, t_j, t_j, \dots, t_N$ =Time points at which the disease control parameter is measured by a patient. For a daily rhythm control parameter such as a blood glucose level, the time points are preferably before and after meals. For weight or cholesterol control parameters, the time points are preferably once a day or once every second day.

$X(t)$ =Simulated disease control parameter value at time t determined by the simulation program.

$R(t)$ =Optimal control parameter value at time t expected as a normal rhythm value of the disease control parameter at time t if the patient performs optimal self-care actions in perfect compliance from time t_j to the time point immediately preceding time t .

$A(t)$ =actual control parameter value at time t measured by the patient.

$O_M(t_i)$ =Optimal self-care parameter values $O_1(t_i), O_2(t_i), \dots, O_m(t_i)$ at time t_i expected to produce optimal control parameter value $R(t_j)$ at time t_j . For example, a diabetes patient's optimal self-care parameter values include a prescribed dose of insulin, a prescribed intake of carbohydrates, and a prescribed exercise duration.

$S_M(t_i)$ =Patient self-care parameter values $S_1(t_i), S_2(t_i), \dots, S_m(t_i)$ at time t_i entered in the simulation system by the patient to simulate self-care actions.

$C_M(t_i)$ =Actual self-care parameter values $C_1(t_i), C_2(t_i), \dots, C_m(t_i)$ at time t_i indicating actual self-care actions performed by the patient at time t_i .

K_M =Corresponding scaling factors $K_1(t_j), K_2(t_j), \dots, K_m$ for weighting the impact on a future disease control parameter value $X(t_j)$ at time t_j which results from differentials between patient self-care values $S_M(t_i)$ and corresponding optimal self-care values $O_M(t_i)$.

With these definitions, future disease control parameter value $X(t_j)$ is calculated according to the equation:

$$X(t_j) = R(t_j) + (X(t_i) - R(t_i)) + \sum_M K_M (S_M(t_i) - O_M(t_i))$$

Future disease control parameter value $X(t_j)$ at time t_j is determined from a prior disease control parameter value $X(t_i)$ at time t_i based on an optimal control parameter value $R(t_i)$ at time t_i , the difference between prior disease control parameter value $X(t_i)$ and an optimal control parameter value $R(t_i)$ at time t_i , and a set of differentials between patient self-care values $S_M(t_i)$ and optimal self-care values $O_M(t_i)$. The differentials are multiplied by corresponding scaling factors K_M .

Thus, as patient self-care parameter values $S_M(t_i)$ deviate from optimal self-care parameter values $O_M(t_i)$, future disease control parameter value $X(t_j)$ deviates from optimal control parameter value $R(t_j)$ by an amount proportional to scaling factors K_M . This mathematical model follows the patient's own intuition and understanding that if the patient performs optimal self-care actions in perfect compliance, the patient will achieve the optimal control parameter value at the next measurement time. However, if the patient deviates from the optimal self-care actions, the disease control parameter value will deviate from the optimal value at the next measurement time.

The simulation program is also designed to generate an entry screen for entry of the patient self-care parameter values. FIG. 3 shows a sample patient self-care parameters entry screen 52 as it appears on display unit 28. The patient self-care parameters include a food exchange parameter expressed in grams of carbohydrates consumed, an insulin dose parameter expressed in units of insulin injected, and an exercise duration parameter expressed in fifteen minute units of exercise performed.

These self-care parameters are illustrative of the preferred embodiment and are not intended to limit the scope of the invention. Many different self-care parameters may be used in alternative embodiments. Screen 52 contains data fields 53 for entering a food exchange parameter value $S_1(t)$, an insulin dose parameter value $S_2(t)$, and an exercise duration parameter value $S_3(t)$. Each data field 53 has a corresponding time field 51 for entering a time point corresponding to the patient self-care parameter value. Screen 52 also includes an OK button 55 and a cancel button 57 for confirming and canceling, respectively, the values entered in screen 52.

FIG. 4 shows a sample table of values 56 created by the simulation program using the data entered by the patient through the self-care parameters entry screen. Table 56 includes a column of simulated disease control parameter values calculated by the simulation program, as will be explained in the operation section below. The simulation program is further designed to generate graphs of simulated disease control parameter values. FIG. 5 illustrates a sample graph 58 generated from table 56 as it appears on screen 30 of the display unit. Specific techniques for writing a simulation program to produce such a graph are well known in the art.

In the preferred embodiment, healthcare provider computer **14** is programmed to determine scaling factors K_M from values of physiological parameters of the patient. FIG. **2** shows a sample physiological parameter entry screen **41** as it appears on the healthcare provider computer. The physiological parameters of the patient include a body mass, a metabolism rate, a fitness level, and hepatic and peripheral insulin sensitivities. These physiological parameters are illustrative of the preferred embodiment and are not intended to limit the scope of the invention. Many different physiological parameters may be used in alternative embodiments. Screen **41** includes data fields **43** for entering physiological parameter values, an OK button **45** for confirming the values, and a cancel button **47** for canceling the values.

Healthcare provider computer **14** stores indexes for determining the scaling factors from the physiological parameters entered. For example, FIG. **4** shows an insulin sensitivity scaling factor K_2 corresponding to insulin dose parameter value $S_2(t)$. Computer **14** is programmed to determine from a stored insulin index a value of scaling factor K_2 , based on the entered values of the patient's body mass and insulin sensitivities. In this example, computer **14** determines a value of -40 for scaling factor K_2 , indicating that for this patient, one unit of insulin is expected to lower the patient's blood glucose level by 40 mg/dL. Computer **14** is programmed to determine the remaining scaling factors in a similar manner. The specific indexes required to determine the scaling factors from values of a patient's physiological parameters are well known in the art.

In the preferred embodiment, healthcare provider computer **14** is also programmed to adjust scaling factors K_M based on the difference between an actual control parameter value $A(t_i)$ measured at time t_i and optimal control parameter value $R(t_i)$, the difference between an actual control parameter value $A(t_i)$ measured at time t_i and optimal control parameter value $R(t_i)$, and the difference between actual self-care values $C_M(t_i)$ performed by the patient at time t_i and optimal self-care values $O_M(t_i)$.

Scaling factors K_M are adjusted to fit the mathematical model presented above, preferably using a least squares, chi-squares, or similar regressive fitting technique. Specific techniques for adjusting coefficients in a mathematical model are well known in the art. For example, a discussion of these techniques is found in "Numerical Recipes in C: The Art of Scientific Computing", Cambridge University Press, 1988.

The operation of the preferred embodiment is illustrated in FIG. **13**. FIG. **13** is a flow chart illustrating a preferred method of using system **10** to simulate the disease control parameter. In step **200**, optimal self-care values and optimal control parameter values for each time point are determined for the patient, preferably by the patient's healthcare provider. The optimal self-care values and optimal control parameter values are then entered and stored in provider computer **14**.

In the preferred embodiment, the optimal self-care values include an optimal food exchange parameter value $O_1(t)$ expressed in grams of carbohydrates, an optimal insulin dose parameter value $O_2(t)$ expressed in units of insulin, and an optimal exercise duration parameter value $O_3(t)$ expressed in fifteen minute units of exercise. Specific techniques for prescribing optimal self-care values and optimal control parameter values for a patient are well known in the medical field.

In step **202**, the healthcare provider determines the physiological parameter values of the patient and enters the physiological parameter values in computer **14** through entry screen **41**. As shown in FIG. **2**, the physiological parameter values include a body mass, a metabolism rate, a fitness level, and hepatic and peripheral insulin sensitivities. Specific tech-

niques for testing a patient to determine these physiological parameter values are also well known in the medical field.

Following entry of the physiological parameter values, computer **14** determines scaling factors K_M from the stored indexes, step **204**. For example, FIG. **4** shows a food exchange scaling factor K_1 corresponding to food exchange parameter value $S_1(t)$, an insulin sensitivity scaling factor K_2 corresponding to insulin dose parameter value $S_2(t)$, and an exercise duration scaling factor K_3 corresponding to exercise duration parameter value $S_3(t)$.

In this example, computer **14** determines a value of 4 for scaling factor K_1 , a value of -40 for scaling factor K_2 , and a value of -5 for scaling factor K_3 . These values indicate that one gram of carbohydrate is expected to raise the patient's blood glucose level by 4 mg/dL, one unit of insulin is expected to lower the patient's blood glucose level by 40 mg/dL, and fifteen minutes of exercise is expected to lower the patient's blood glucose level by 5 mg/dL. Of course, these values are just examples of possible scaling factors for one particular patient. The values of the scaling factors vary between patients in dependence upon the physiological parameter values determined for the patient.

The determined optimal self-care values, optimal control parameter values, and scaling factors are then stored on smart card **22**, step **206**. Typically, the values are stored on smart card **22** during a patient visit to the healthcare provider. The patient then takes home smart card **22** and inserts smart card **22** in patient multi-media processor **24**, step **208**. Next, the patient accesses the simulation program on server **12** through multi-media processor **24**, step **210**.

The simulation program generates self-care parameters entry screen **52**, which is displayed to the patient on screen **30** of display unit **28**. In step **212**, the patient enters patient self-care values $S_M(t)$ and corresponding time points in data fields **53** and **51**, respectively, using input device **34**. The optimal self-care values, optimal control parameter values, scaling factors, and patient self-care values are transmitted from multi-media processor **24** to server **12** through link **50**. In step **214**, the simulation program calculates simulated disease control parameter values at each time point according to the equation:

$$X(t_j) = R(t_j) = (X(t_i) - R(t_i)) + \sum_M K_M (S_M(t_i) - O_M(t_i))$$

Thus, each future disease control parameter value $X(t_j)$ is calculated from optimal control parameter value $R(t_i)$, the difference between prior disease control parameter value $X(t_i)$ and optimal control parameter value $R(t_i)$, and the set of differentials between patient self-care values $S_M(t_i)$ and optimal self-care values $O_M(t_i)$. The differentials are multiplied by corresponding scaling factors K_M . In the preferred embodiment, first simulated disease control parameter value $X(t_1)$ at time t_j is set equal to first optimal control parameter value $R(t_1)$ at time t_1 . In an alternative embodiment, first simulated disease control parameter value $X(t_1)$ is determined from the last disease control parameter value calculated in a prior simulation.

FIGS. **4-5** illustrate a first example of simulated disease control parameter values calculated by the simulation program. Referring to FIG. **4**, the simulation program creates table of values **56** having a time column, an optimal control parameter value column, a simulated control parameter value column, three self-care value differential columns indicating differentials between patient self-care parameter values and

optimal self-care parameter values, and three corresponding scaling factor columns for weighting the corresponding self-care value differentials.

Table 56 illustrates the simplest simulation, in which the patient follows the optimal self-care actions in perfect compliance at each time point. In this simulation, each patient self-care parameter value equals its corresponding optimal self-care parameter value, so that the simulated disease control parameter value at each time point is simply equal to the optimal control parameter value at each time point. Referring to FIG. 5, the simulation program generates graph 58 of the simulated disease control parameter values.

Graph 58 is displayed to the patient on screen 30 of display unit 28, step 216.

FIGS. 6-7 illustrate a second example of simulated disease control parameter values calculated by the simulation program.

FIG. 6 shows a table of values 59 having identical structure to table 56. Table 59 illustrates a simulation in which the patient consumes 10 extra grams of carbohydrates at 8:00 and exercises for 60 extra minutes at 15:00. In this simulation, the differential $S_1(t)-O_1(t)$ is equal to 10 at 8:00 due to the 10 extra grams of carbohydrates consumed by the patient. Because scaling factor K_1 equals 4, the simulation program calculates simulated disease control parameter value $X(t_2)$ at time point 10:00 as 40 mg/dL higher than optimal control parameter value $R(t_2)$ at 10:00.

Similarly, the differential $S_3(t)-O_3(t)$ is equal to 4 at time point 15:00 due to the 60 extra minutes of exercise performed by the patient. With simulated disease control parameter value $X(t_4)$ exceeding optimal control parameter value $R(t_4)$ by 40 mg/dL at 15:00 and with scaling factor K_3 equal to -5, the simulation program calculates simulated disease control parameter value $X(t_5)$ at time point 18:00 as 20 mg/dL higher than optimal control parameter value $R(t_5)$. FIG. 7 shows a graph 60 of the simulated-disease control parameter values determined in table 59. Graph 60 is displayed to the patient on screen 30 of the display unit.

FIGS. 8-9 illustrate a third example of simulated disease control parameter values calculated by the simulation program. Referring to FIG. 8, a table of values 61 illustrates a simulation in which the patient consumes 10 extra grams of carbohydrates at 8:00, injects 1 extra unit of insulin at 10:00, and exercises for 60 extra minutes at 15:00. The differential $S_2(t)-O_2(t)$ is equal to 1 at 10:00 due to the 1 extra unit of insulin injected by the patient. With simulated disease control parameter value $X(t_2)$ exceeding optimal control parameter value $R(t_2)$ by 40 mg/dL at 10:00, and with scaling factor K_2 equal to -40, the simulation program calculates simulated disease control parameter value $X(t_3)$ at time point 12:00 as equal to optimal control parameter value $R(t_3)$. FIG. 8 shows a graph 62 of the simulated disease control parameter values determined in table 61.

In addition to performing simulations with the simulation program, the patient records actual control parameter values and actual self-care values indicating actual self-care actions performed by the patient at each time point, step 218. These values are preferably recorded in recording device 38. Upon the patient's next visit to the healthcare provider, the actual control parameter values and actual self-care values are uploaded to provider computer 14, step 220. Those skilled in the art will appreciate that recording device 38 may also be networked to provider computer 14 through a modem and telephone lines or similar network connection. In this alternative embodiment, the actual control parameter values and actual self-care values are transmitted directly from the patient's home to provider computer 14.

In step 222, provider computer 14 adjusts scaling factors K_M based on the difference between the actual control parameter values and the optimal control parameter values at each time point and the difference between the actual self-care values and the optimal self-care values at each time point. Scaling factors K_M are adjusted to fit them to the actual patient data recorded. In this manner, the scaling factors are customized to the individual patient to enable the patient to run customized simulations. The new values of the scaling factors are stored on smart card 22 which the patient takes home and inserts in processor 24 to run new simulations.

FIGS. 11-12 illustrate a second embodiment of the invention. The second embodiment differs from the preferred embodiment in that the components of the simulation system are contained in a single stand-alone computing device 64. The second embodiment also differs from the preferred embodiment in that the system predicts each future disease control parameter value from an actual measured disease control parameter value rather than from a prior simulated disease control parameter value.

Referring to FIG. 11, computing device 64 includes a housing 66 for holding the components of device 64. Housing 66 is sufficiently compact to enable device 64 to be hand-held and carried by a patient. Device 64 also includes measuring device 40 for producing measurements of actual control parameters values and a display 70 for displaying data to the patient. Device 64 further includes a keypad 68 for entering in device 64 the optimal control parameter values, the optimal self-care values, the patient self-care parameter values, the actual self-care parameter values, and the patient's physiological parameter values.

FIG. 12 shows a schematic block diagram of the components of device 64 and their interconnections. Device 64 has a microprocessor 72 and a memory 74 operably connected to microprocessor 72. Measuring device 40 and display 70 are also connected to microprocessor 72. Keypad 68 is connected to microprocessor 72 through a standard keypad decoder 78. Microprocessor 72 is connected to an input/output port 76 for entering in device 64 a simulation program to be executed by microprocessor 72 which will be explained in detail below.

Memory 74 stores the optimal control parameter values, the optimal self-care values, the patient self-care parameter values, the actual self-care parameter values $C_M(t)$, the scaling factors, and the patient's physiological parameter values. Memory 74 also stores the simulation program to be executed by microprocessor 72 and the indexes for calculating the scaling factors from the patient's physiological parameter values.

In the second embodiment, microprocessor 72 is programmed to perform the functions performed by the healthcare provider computer of the preferred embodiment. The functions include determining scaling factors K_M from the patient's physiological parameter values. The functions also include adjusting scaling factors K_M based on the difference between actual control parameter value $A(t_j)$ and optimal control parameter value $R(t_j)$, the difference between actual control parameter value $A(t_j)$ and optimal control parameter value $R(t_j)$, and the difference between actual self-care values $C_M(t_j)$ and optimal self-care values $O_M(t_j)$.

The operation of the second embodiment is shown in FIG. 14. FIG. 14 is a flow chart illustrating a preferred method of using the system of the second embodiment to predict an effect of patient self-care actions on a disease control parameter. In step 300, the optimal control parameter values and optimal self-care values are entered in device 64 and stored in memory 74. The optimal control parameter values and opti-

mal self-care values may be entered in device 64 either through keypad 68 or through input/output port 76.

In step 302, the patient or healthcare provider determines the patient's physiological parameter values. The physiological parameter values are then entered in device 64 through keypad 68 and stored in memory 74. Following entry of the physiological parameter values, microprocessor 72 determines scaling factors K_M from the indexes stored in memory 74, step 304. Scaling factors K_M are then stored in memory 74. In an alternative method of determining and storing scaling factors K_M in memory 74, scaling factors K_M are determined in a healthcare provider computer, as previously described in the preferred embodiment. Scaling factors K_M are then entered in device 64 through keypad 68 or port 76 and stored in memory 74.

In step 306, the patient enters in microprocessor 72 actual disease control parameter $A(t_i)$. To enter actual disease control parameter $A(t_i)$, the patient places his or her finger on measurement device 40 at time t_i . Measurement device 40 produces a measurement of actual disease control parameter $A(t_i)$ which is stored in memory 74. In step 308, the patient enters in microprocessor 72 patient self-care values $S_M(t_i)$ using keypad 68. In step 310, microprocessor 72 executes the simulation program stored in memory 74 to calculate future disease control parameter value $X(t_j)$.

The simulation program of the second embodiment differs from the simulation program of the preferred embodiment in that future disease control parameter value $X(t_j)$ is calculated from actual disease control parameter $A(t_i)$ rather than from a prior simulated disease control parameter value. In the second embodiment, future disease control parameter value $X(t_j)$ is calculated according to the equation:

$$X(t_j) = R(t_j) = (X(t_i) - R(t_i)) + \sum_M K_M (S_M(t_i) - O_M(t_i))$$

Thus, future disease control parameter value $X(t_j)$ is determined from optimal control parameter value $R(t_i)$, the difference between actual disease control parameter $A(t_i)$ and optimal control parameter value $R(t_i)$, and the set of differentials between patient self-care values $S_M(t_i)$ and optimal self-care values $O_M(t_i)$. The differentials are multiplied by corresponding scaling factors K_M . Future disease control parameter value $X(t_j)$ is displayed to the patient on display 70, step 312.

Once future disease control parameter value $X(t_j)$ is displayed to the patient, the patient uses the value to select appropriate actual self-care actions to perform at time t_j . Alternatively, the patient may perform several more simulations of future disease control parameter value $X(t_j)$ to decide appropriate self-care actions to perform at time t_j . Once the patient has performed the self-care actions, the patient enters in microprocessor 72 actual self-care values $C_M(t_i)$ indicating the self-care actions performed, step 314. The actual self-care values are then stored in memory 74.

The patient also enters in microprocessor 72 actual disease control parameter $A(t_j)$ measured at time t_j . To enter actual disease control parameter $A(t_j)$, the patient places his or her finger on measurement device 40 at time t_j . Measurement device 40 produces a measurement of actual disease control parameter $A(t_j)$ which is stored in memory 74, step 316. In step 318, microprocessor 72 adjusts scaling factors K_M based on the difference between actual control parameter value $A(t_j)$ and optimal control parameter value $R(t_j)$, the difference between actual control parameter value $A(t_i)$ and optimal control parameter value $R(t_i)$, and the difference between

actual self-care values $C_M(t_i)$ and optimal self-care values $O_M(t_i)$. In this manner, the scaling factors are customized to the individual patient to enable the patient to run customized simulations. The new values of the scaling factors are stored in memory 74 and used by microprocessor 72 in subsequent simulations.

SUMMARY, RAMIFICATIONS, AND SCOPE

Although the above description contains many specificities, these should not be construed as limitations on the scope of the invention but merely as illustrations of some of the presently preferred embodiments. Many other embodiments of the invention are possible. For example, the preferred embodiment is described in relation to diabetes. However, the system and method of the invention may be used for simulating any disease which has a measurable control parameter and which requires patient self-care actions. Similarly, the self-care parameters, corresponding scaling factors, and physiological parameters described are exemplary of just one possible embodiment. Many different self-care parameters, scaling factors, and physiological parameters may be used in alternative embodiments.

The preferred embodiment also presents a simulation system that includes a server, a healthcare provider computer, and patient multi-media processor communicating with the provider computer via a smart card. This configuration of system components is presently preferred for ease of setting, storing, and adjusting the model parameters and scaling factors under the supervision of a healthcare provider. However, those skilled in the art will recognize that many other system configurations are possible. For example, in one alternative embodiment, the system is configured as a single stand-alone computing device for executing simulations.

In another embodiment, the smart card is eliminated from the simulation system. In this embodiment, the model parameter values and scaling factors are transmitted directly to the server from the healthcare provider computer. In a further embodiment, the provider computer is also eliminated and the recording device is networked directly to the server. In this embodiment, the server is programmed to set, store, and adjust the model parameters and scaling factors based on patient data received through the recording device and patient multi-media processor.

In yet another embodiment, the server is eliminated and the simulation program is run on the patient multi-media processor. In this embodiment, the recording device and multi-media processor may also be networked directly to the provider computer, eliminating the need for a smart card. Specific techniques for networking computers and recording devices in these alternative system configurations are well known in the art.

Further, the first embodiment is described as a system for simulating a disease control parameter from simulated data and the second embodiment is described as a system for predicting a future value of a disease control parameter from actual patient data. These systems are presented in separate embodiments for clarity of illustration and ease of understanding. However, it is anticipated that both embodiments could be combined into a single simulation system for simulating disease control parameter values from simulated data, actual-patient data, or a combination of simulated and actual data.

Therefore, the scope of the invention should be determined not by the examples given but by the appended claims and their legal equivalents.

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The invention claimed is:

1. A simulation system comprising:

a processor unit;

a server configured to communicate with the processor unit through at least one communication network and run a simulation program stored in a computer readable medium, wherein (i) the server is remotely situated from the processor unit, (ii) the simulation program is configured to generate one or more simulated disease control parameter values and (iii) the disease control parameter values are related to patient self-care of a chronic or persistent condition being managed by a patient;

a recording device remotely situated from the server and configured to communicate with the processor unit; and a healthcare provider computer remotely situated from the server, the processor unit and the recording device, wherein the healthcare provider computer is configured to communicate with the processor unit.

2. The simulation system according to claim 1, further comprising a data storage card, wherein the healthcare provider computer and the processor unit are configured to communicate via the data storage card.

3. The simulation system according to claim 1, wherein the healthcare provider computer and the processor unit are configured to communicate via the at least one communication network.

4. The simulation system according to claim 1, wherein the healthcare provider computer is programmed to determine one or more scaling factors from values of physiological parameters of the patient.

5. The simulation system according to claim 4, wherein the healthcare provider computer is programmed to determine the one or more scaling factors from values of physiological parameters of the patient using predetermined indexes.

6. The simulation system according to claim 5, wherein the healthcare provider computer is programmed to adjust the one or more scaling factors based on differences between actual disease control parameter values and optimal disease control parameter values.

7. The simulation system according to claim 6, wherein the one or more scaling factors are customized to an individual patient.

8. The simulation system according to claim 1, wherein the recording device and the processor unit are housed in a single unit.

9. The simulation system according to claim 8, wherein the single unit is configured to communicate with the server via a wireless network.

10. The simulation system according to claim 8, wherein the single unit comprises a cellular phone.

11. The simulation system according to claim 8, wherein the single unit comprises a mobile telephone.

12. The simulation system according to claim 8, wherein the single unit comprises a personal digital assistant (PDA).

13. The simulation system according to claim 1, further comprising a television remote control configured to communicate with the processor unit.

14. The simulation system according to claim 1, wherein the at least one communication network comprises a network type or a combination of two or more network types selected from the group consisting of wireless networks, cellular networks, telephone networks, satellite networks, broadcast networks, digital broadcast networks, digital television networks and cable networks.

15. The simulation system according to claim 1, wherein the recording device further comprises one or more monitor-

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ing devices for collecting one or more measurements of a physiological condition of the patient.

16. The simulation system according to claim 15, wherein the one or more monitoring devices receive the one or more measurements from one or more sensors selected from the group consisting of a sensor for measuring a physiological condition, a sensor for measuring respiratory flow, a sensor for measuring a weight-related condition, a sensor for measuring a heart related condition, a sensor for measuring blood pressure and a sensor for measuring electrical activity of the individual.

17. The simulation system according to claim 1, wherein the simulation program is further configured to generate graphs of the one or more simulated disease control parameter values.

18. The simulation system according to claim 17, wherein the simulation program is further configured to generate the graphs of the one or more simulated disease control parameter values using simulated data.

19. The simulation system according to claim 17, wherein the simulation program is further configured to generate the graphs of the one or more simulated disease control parameter values using actual data.

20. The simulation system according to claim 17, wherein the simulation program is further configured to generate the graphs of the one or more simulated disease control parameter values using simulated data, actual data, or a combination of simulated and actual data.

21. A simulation system comprising:

a processor unit;

a recording device configured to communicate with the processor unit; and

a server configured to (i) communicate with the processor unit and the recording device through at least one communication network and (ii) run a simulation program stored in a computer readable medium, wherein (i) the server is remotely situated from the processor unit and the recording device, (ii) the simulation program is configured to generate one or more simulated disease control parameter values and (iii) the disease control parameter values are related to patient self-care of a chronic or persistent condition being managed by a patient.

22. The simulation system according to claim 21, wherein the simulation program is further configured to generate graphs of the one or more simulated disease control parameter values.

23. The simulation system according to claim 21, wherein the recording device comprises a device configured to communicate with the server via a wireless network.

24. A simulation system comprising:

a processor unit;

a recording device configured to communicate with the processor unit;

a server configured to (i) communicate with the processor unit through at least one communication network and (ii) run a simulation program stored in a computer readable medium, wherein (i) the server is remotely situated from the processor unit and the recording device, (ii) the simulation program is configured to generate one or more simulated disease control parameter values and (iii) the disease control parameter values are related to patient self-care of a chronic or persistent condition being managed by a patient; and

a healthcare provider computer remotely situated from the server, the processor unit and the recording device, wherein the healthcare provider computer is configured to communicate with the server.

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25. The simulation system according to claim 24, wherein the simulation program is further configured to generate graphs of the one or more simulated disease control parameter values.

26. The simulation system according to claim 24, wherein the healthcare provider computer and the server are configured to communicate via the at least one communication network.

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27. The simulation system according to claim 24, wherein communication from the server to the remotely situated processor unit is transmitted on a first type of network and communication from a healthcare provider computer to the server is transmitted on a second type of network.

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摘要(译)

一种用于预测患者自我护理行为对疾病控制参数的影响的系统和方法。基于在时间 t_j 的最佳控制参数值 $R(t_j)$ ，在时间 t_1 根据先前疾病控制参数值 $X(t_i)$ 确定在时间 t_j 的未来疾病控制参数值 $X(t_j)$ ，即先前疾病之间的差异控制参数值 $X(t_i)$ 和时间 t_i 的最佳控制参数值 $R(t_i)$ ，以及在时间 t_i 具有患者自我护理值 $SM(t_i)$ 的患者自我护理参数与最佳自我护理之间的一组差异在时间 t_i 具有最佳自我护理值 $OM(t_i)$ 的参数。差值乘以相应的缩放因子 KM 。该系统包括用于输入患者自我护理值 $SM(t_i)$ 的输入设备。存储器存储最佳控制参数值 $R(t_i)$ 和 $R(t_j)$ ，先前疾病控制参数值 $X(t_i)$ ，最佳自我护理值 $OM(t_i)$ 和缩放因子 KM 。与输入设备和存储器通信的处理器计算未来疾病控制参数值 $X(t_j)$ 。显示器连接到处理器以向患者显示未来疾病控制参数值 $X(t_j)$ 。

