US00RE43548E

(19) **United States**

(12) **Reissued Patent**
Iliff

(10) **Patent Number: US RE43,548 E**

(45) **Date of Reissued Patent: *Jul. 24, 2012**

(54) **COMPUTERIZED MEDICAL DIAGNOSTIC AND TREATMENT ADVICE SYSTEM**

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(*) Notice: This patent is subject to a terminal disclaimer.

(21) Appl. No.: **12/410,423**

(22) Filed: **Mar. 24, 2009**

Related U.S. Patent Documents

Reissue of:

(64) Patent No.: **6,113,540**
Issued: **Sep. 5, 2000**
Appl. No.: **09/256,491**
Filed: **Feb. 23, 1999**

U.S. Applications:

(60) Division of application No. 09/088,940, filed on Jun. 2, 1998, now Pat. No. 6,071,236, which is a division of application No. 08/866,881, filed on May 30, 1997, now Pat. No. 5,910,107, which is a division of application No. 08/176,041, filed on Dec. 29, 1993, now Pat. No. 5,660,176, application No. 12/410,423, which is a continuation-in-part of application No. 08/176,857, filed on Dec. 29, 1993, now Pat. No. 5,724,968, and a continuation-in-part of application No. 08/176,858, filed on Dec. 29, 1993, now Pat. No. 5,594,638.

(51) **Int. Cl.**
A61B 5/00 (2006.01)

(52) **U.S. Cl.** **600/300**; 128/920

(58) **Field of Classification Search** ..... None
See application file for complete search history.

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(57) **ABSTRACT**

A system and method for providing computerized, knowledge-based medical diagnostic and treatment advice. The medical advice is provided to the general public over a telephone network. Two new authoring languages, interactive voice response and speech recognition are used to enable expert and general practitioner knowledge to be encoded for access by the public. "Meta" functions for time-density analysis of a number of factors regarding the number of medical complaints per unit of time are an integral part of the system. A semantic discrepancy evaluator routine along with a mental status examination are used to detect the consciousness level of a user of the system. A re-enter feature monitors the user's changing condition over time. A symptom severity analysis helps to respond to the changing conditions. System sensitivity factors may be changed at a global level or other levels to adjust the system advice as necessary.

27 Claims, 40 Drawing Sheets

Microfiche Appendix Included
(9 Microfiche, 454 Pages)

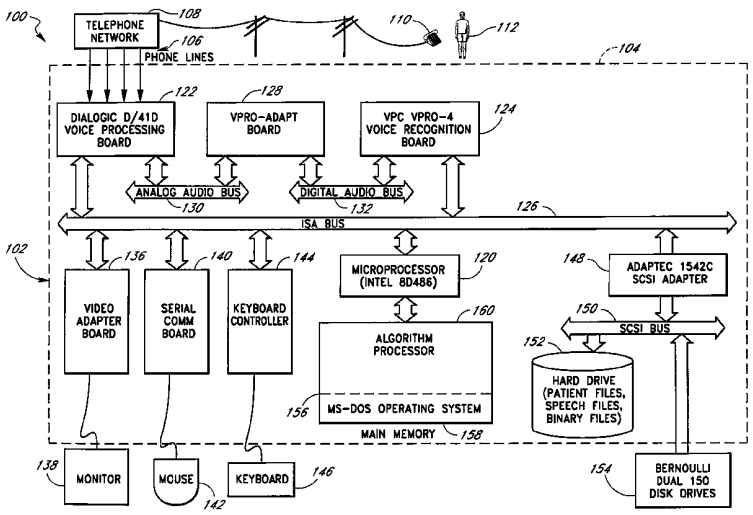

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Exhibit A, Part 1 to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 15 pages.

Exhibit A, Part 2 to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 15 pages.

Exhibit A, Part 3 to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 17 pages.

Exhibit B to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 24 pages.

Exhibit C to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 8 pages.

Exhibit D to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 8 pages.

Exhibit E to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 8 pages.

Exhibit F to Second Revised Joint Claim Construction Statement, *Healthways, Inc.*v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 7 pages.

Exhibit G to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 7 pages.

Exhibit H to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 9 pages.

Exhibit I to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 9 pages.

Exhibit J to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 9 pages.

Exhibit K to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 6 pages.

Exhibit L to Second Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Nov. 6, 2009, 5 pages.

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Exhibit A, Part 1 to Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Sep. 4, 2009, 15 pages.

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Exhibit B to Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Aug. 10, 2009, 24 pages.

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Exhibit C to Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Aug. 10, 2009, 8 pages.

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Exhibit D to Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Aug. 10, 2009, 8 pages.

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Exhibit F to Revised Joint Claim Construction Statement, *Healthways, Inc.* v. *Alere, LLC*, U.S. District Court for the Northern District of Illinois, Case No. 08CV06337, Sep. 4, 2009, 7 pages.
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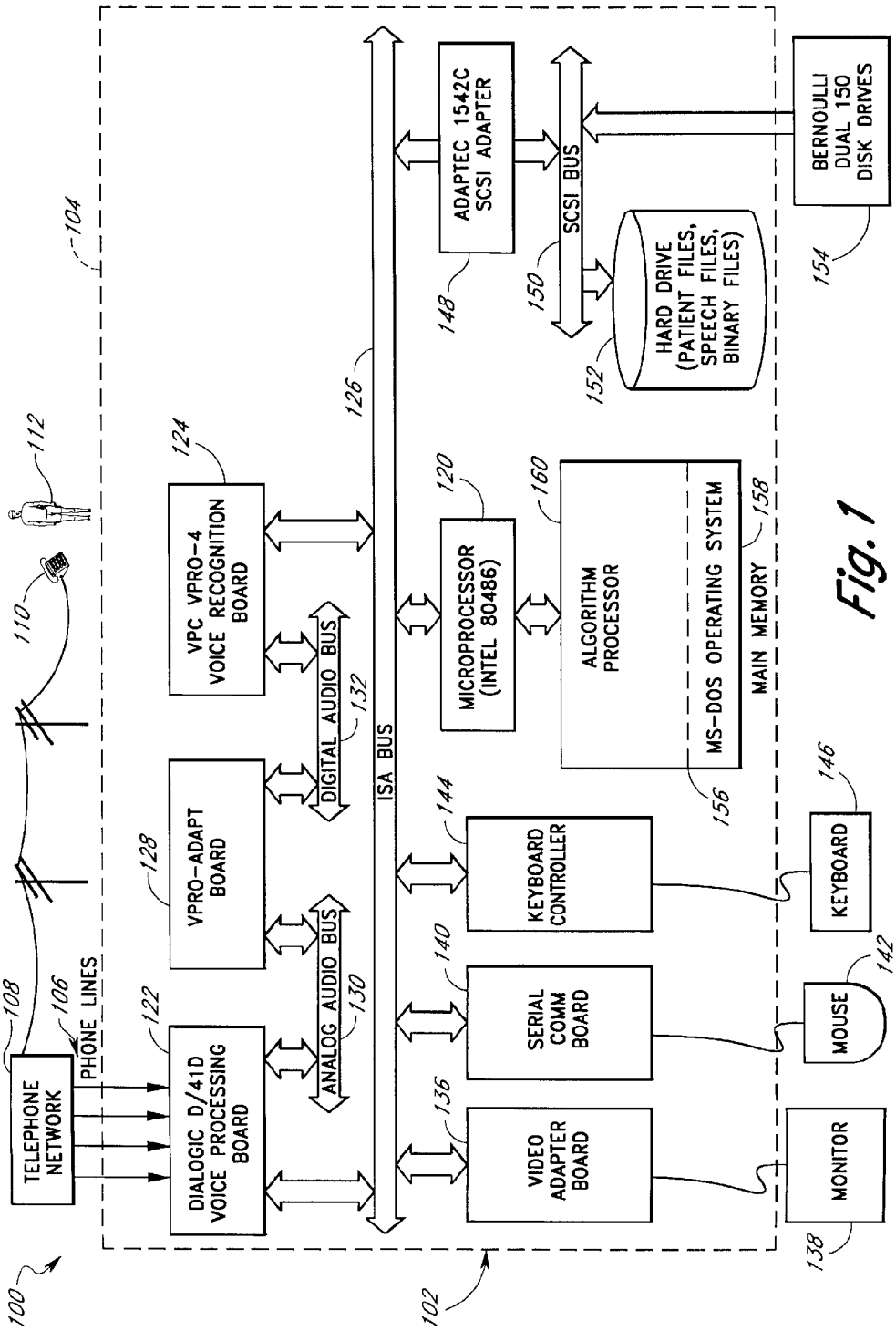
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DIGITAL AUDIO BUS
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ISA BUS
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VIDEO ADAPTER BOARD
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SERIAL COMM BOARD
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KEYBOARD CONTROLLER
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MICROPROCESSOR (INTEL 80486)
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ALGORITHM PROCESSOR
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MS-DOS OPERATING SYSTEM
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MAIN MEMORY
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ADAPTEC 1542C SCSI ADAPTER
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SCSI BUS
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HARD DRIVE (PATIENT FILES, SPEECH FILES, BINARY FILES)
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MONITOR
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Fig. 1

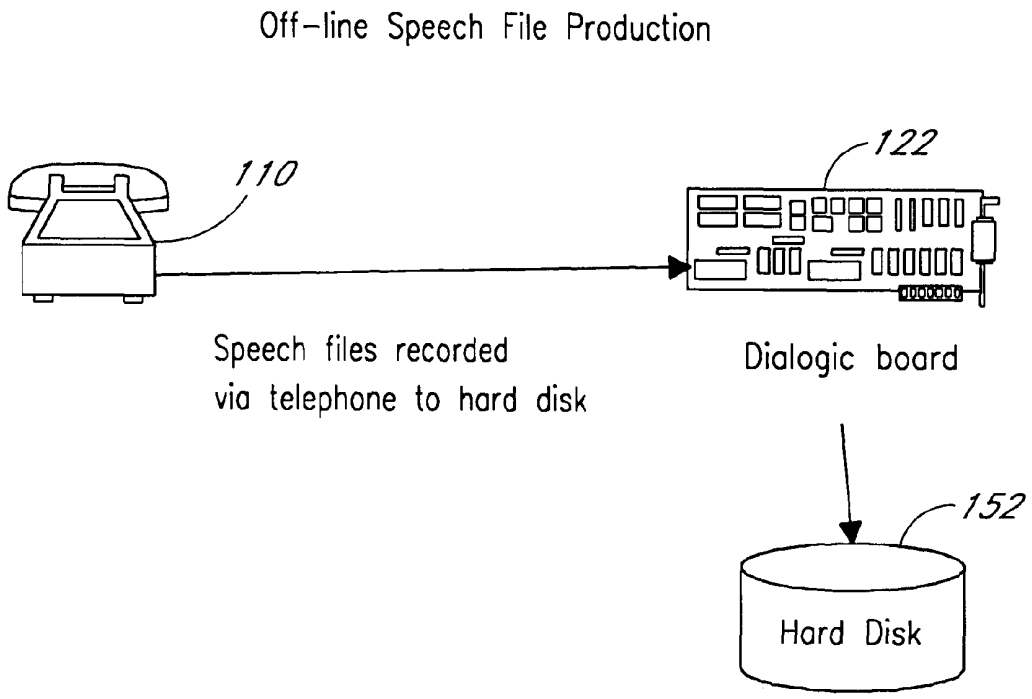
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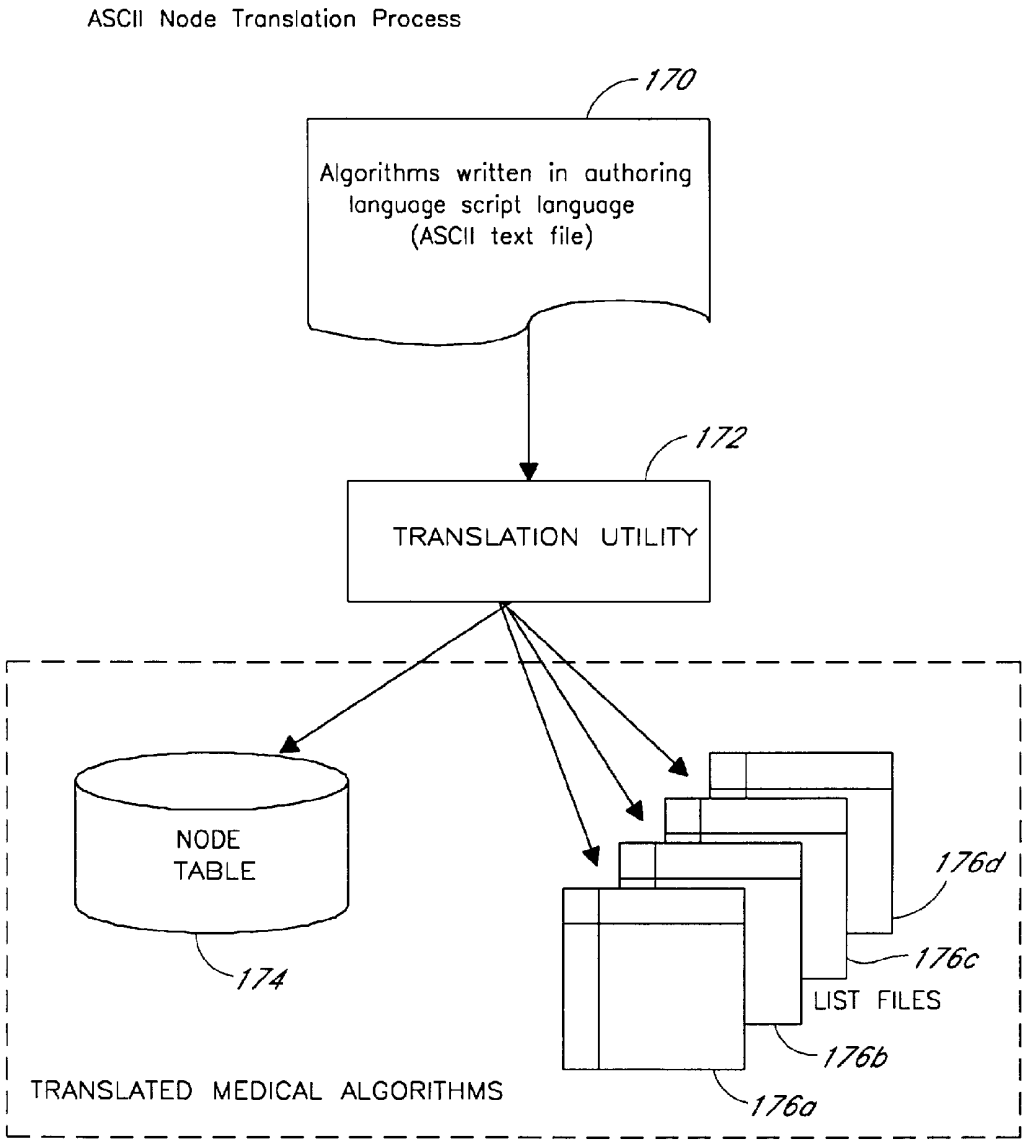
Fig. 2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176b
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TRANSLATED MEDICAL ALGORITHMS

Fig. 3

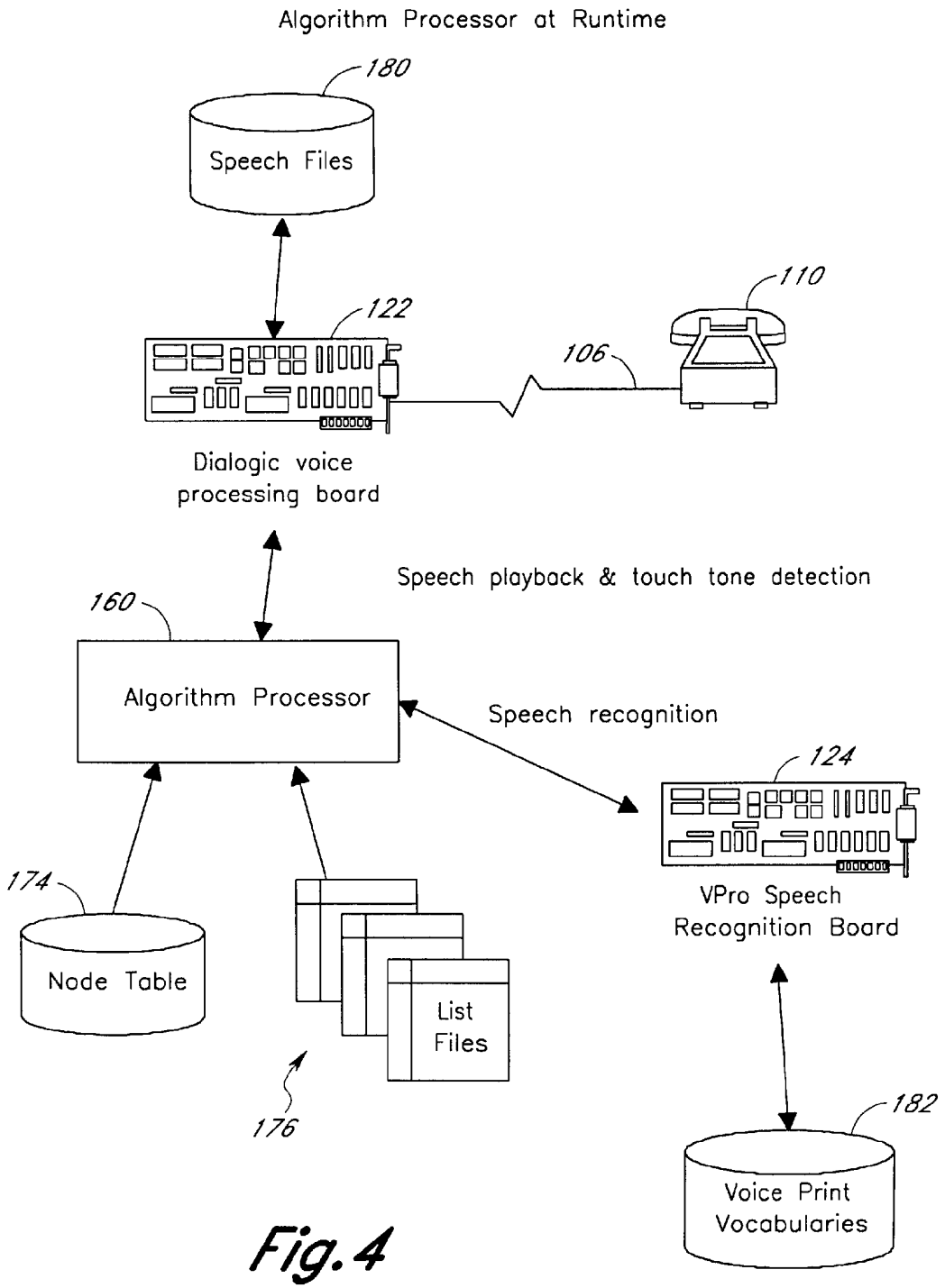
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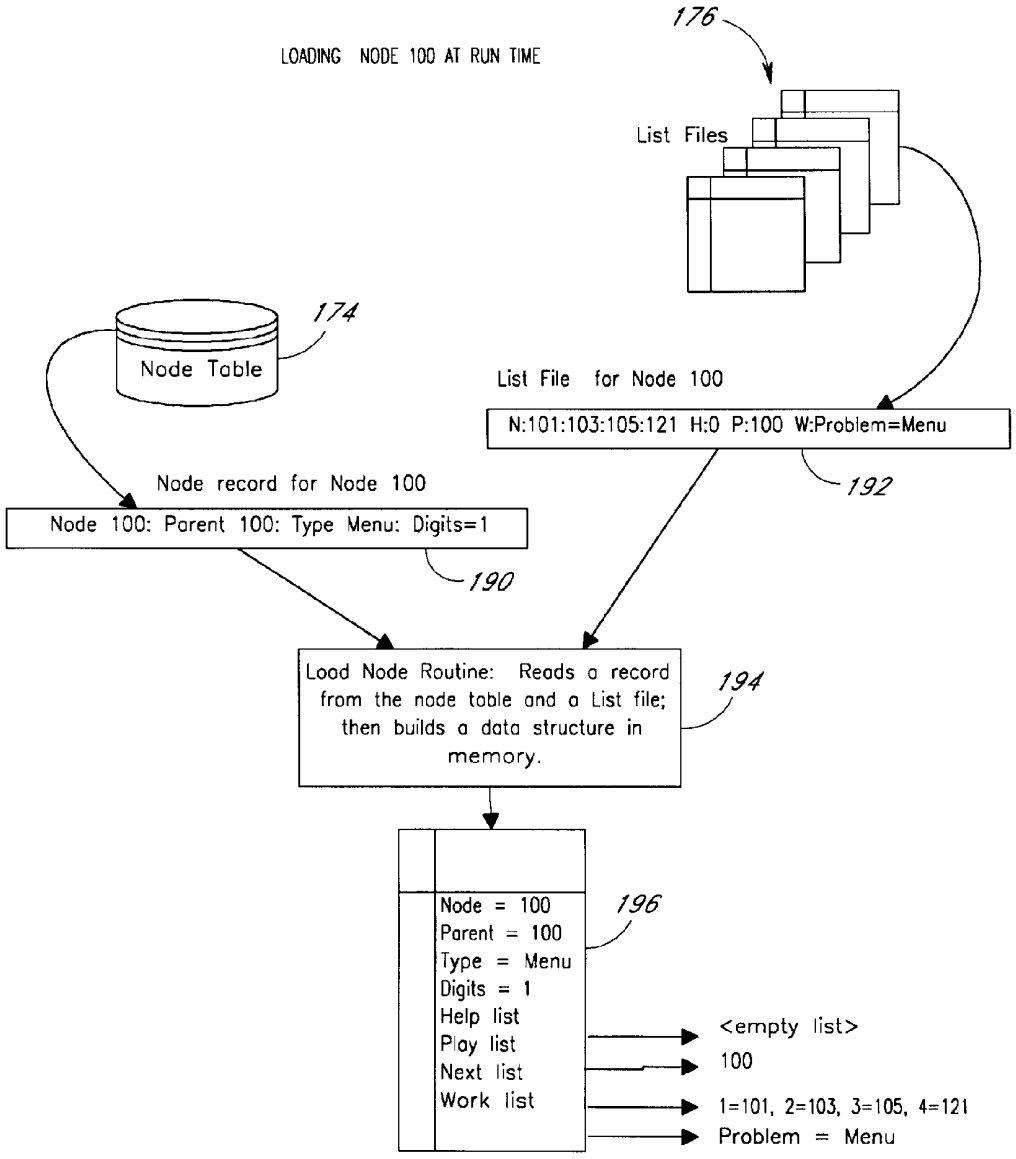
Fig. 4


LOADING NODE 100 AT RUN TIME
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List Files
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Node Table
List File for Node 100
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Node record for Node 100
Node 100: Parent 100: Type Menu: Digits=1
190
Lood Node Routine: Reads a record from the node table and a List file; then builds a data structure in memory.
194
Node = 100
Parent = 100
Type = Menu
Digits = 1
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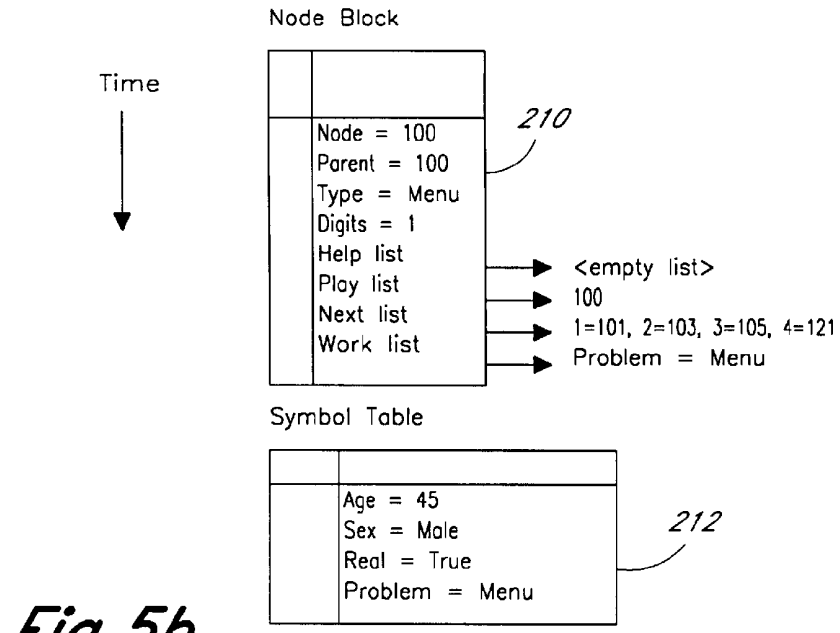
Fig. 5a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Next list
Work list
210
<empty list>
100
1=101, 2=103, 3=105, 4=121
Problem = Menu
Symbol Table
Age = 45
Sex = Male
Real = True
Problem = Menu
212

Fig. 5b

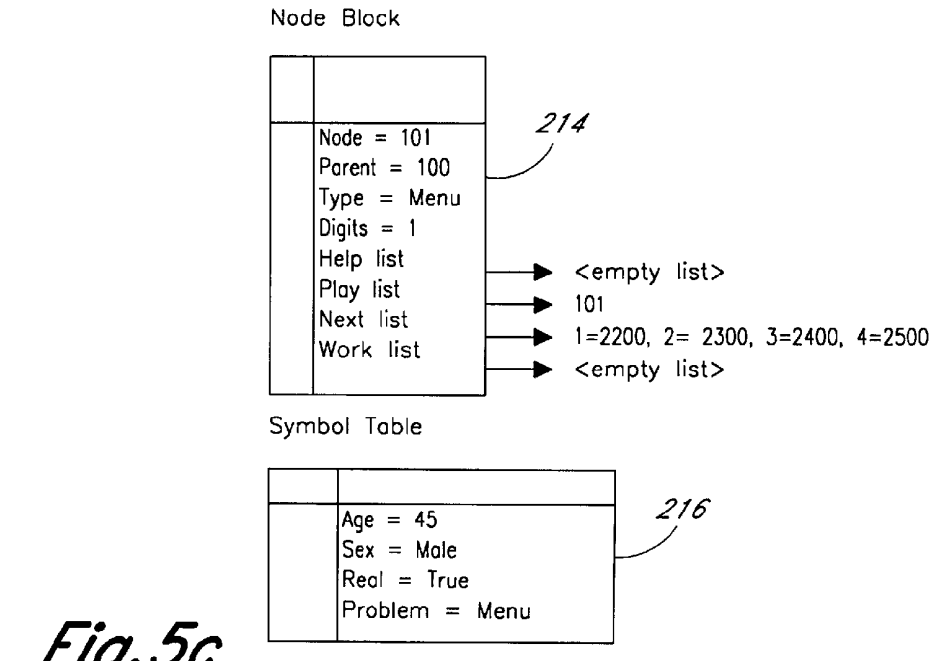
Node Block
Node = 101
Parent = 100
Type = Menu
Digits = 1
Help list
Play list
Next list
Work list
214
<empty list>
101
1=2200, 2= 2300, 3=2400, 4=2500
<empty list>
Symbol Table
Age = 45
Sex = Male
Real = True
Problem = Menu
216

Fig. 5c

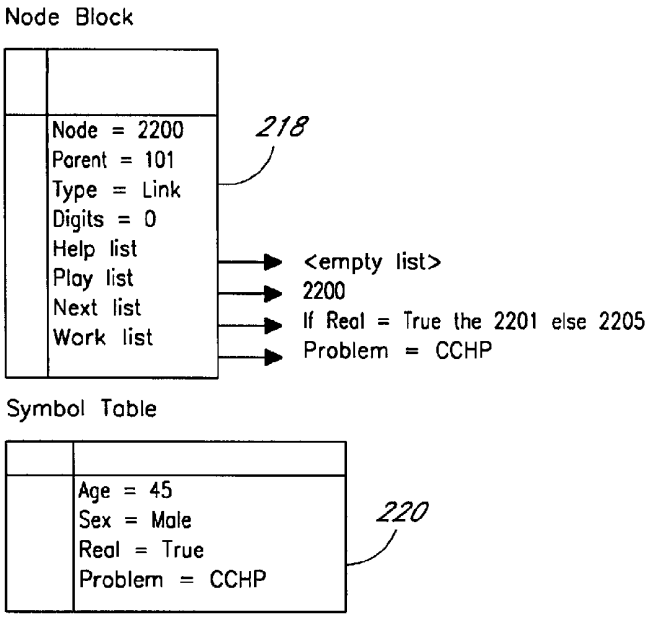
Node Block
Node = 2200
Parent = 101
Type = Link
Digits = 0
Help list
Play list
Next list
Work list
218
<empty list>
2200
If Real = True the 2201 else 2205
Problem = CCHP
Symbol Table
Age = 45
Sex = Male
Real = True
Problem = CCHP
220

Fig. 5d

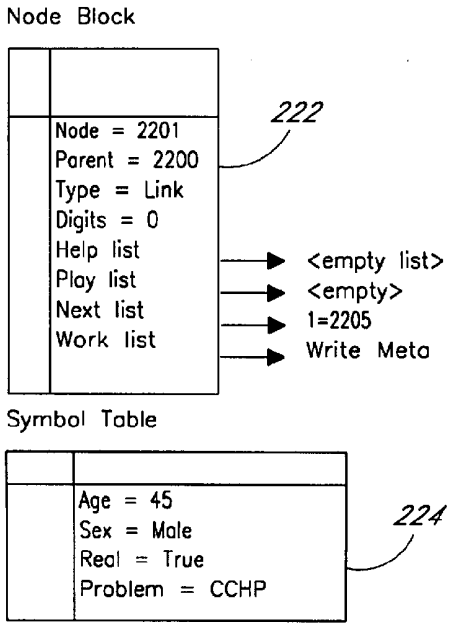
Node Block
Node = 2201
Parent = 2200
Type = Link
Digits = 0
Help list
Play list
Next list
Work list
222
<empty list>
<empty>
1=2205
Write Meta
Symbol Table
Age = 45
Sex = Male
Real = True
Problem = CCHP
224

Fig. 5e

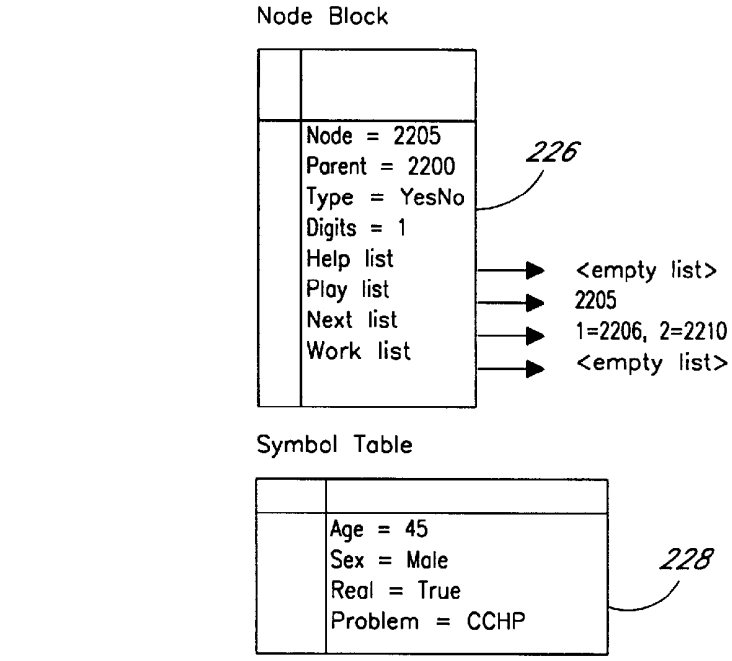
Node Block
Node = 2205
Parent = 2200
Type = YesNo
Digits = 1
Help list
Play list
Next list
Work list
226
<empty list>
2205
1=2206, 2=2210
<empty list>
Symbol Table
Age = 45
Sex = Male
Real = True
Problem = CCHP
228

Fig. 5f

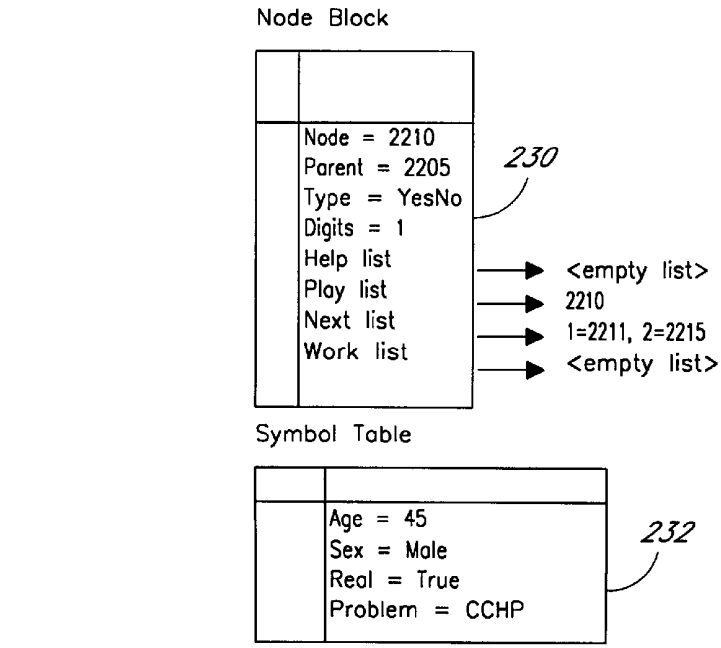
Node Block
Node = 2210
Parent = 2205
Type = YesNo
Digits = 1
Help list
Play list
Next list
Work list
230
<empty list>
2210
1=2211, 2=2215
<empty list>
Symbol Table
Age = 45
Sex = Male
Real = True
Problem = CCHP
232

Fig. 5g

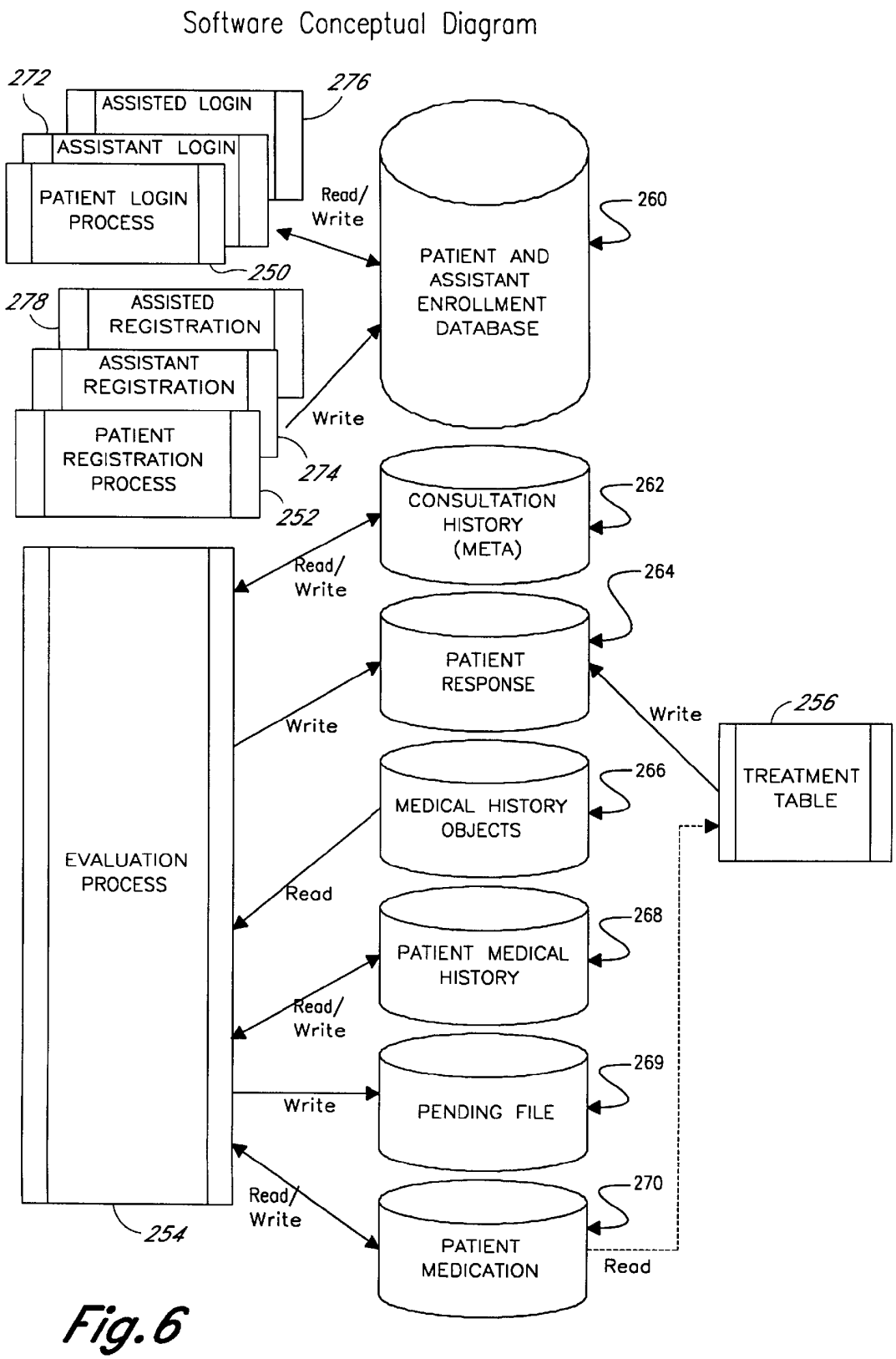
Software Conceptual Diagram
272
ASSISTED LOGIN
276
ASSISTANT LOGIN
PATIENT LOGIN PROCESS
250
Read/ Write
260
PATIENT AND ASSISTANT ENROLLMENT DATABASE
278
ASSISTED REGISTRATION
ASSISTANT REGISTRATION
PATIENT REGISTRATION PROCESS
274
252
Write
262
CONSULTATION HISTORY (META)
264
PATIENT RESPONSE
Write
256
TREATMENT TABLE
266
MEDICAL HISTORY OBJECTS
EVALUATION PROCESS
Read
268
PATIENT MEDICAL HISTORY
Read/ Write
269
PENDING FILE
Write
270
PATIENT MEDICATION
Read
Read/ Write
254

Fig. 6

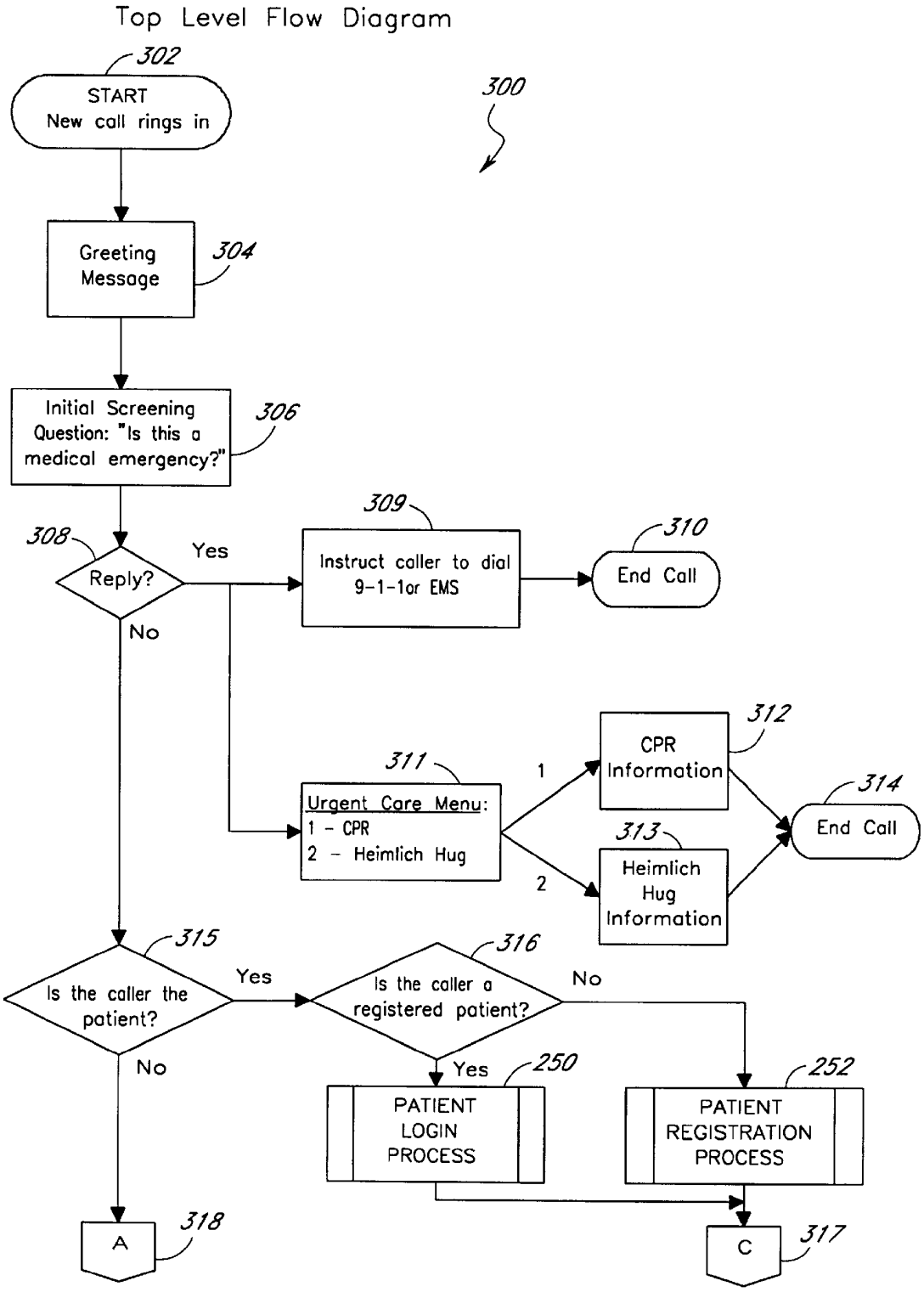
Top Level Flow Diagram
302
START
New call rings in
300
Greeting Message
304
Initial Screening Question: "Is this a medical emergency?"
306
308
Reply?
Yes
No
309
Instruct caller to dial 9-1-1or EMS
310
End Call
311
Urgent Care Menu:
1 - CPR
2 - Heimlich Hug
1
2
312
CPR Information
313
Heimlich Hug Information
314
End Call
315
Is the caller the patient?
Yes
No
316
Is the caller a registered patient?
Yes
No
250
PATIENT LOGIN PROCESS
252
PATIENT REGISTRATION PROCESS
318
A
317
C

Fig. 7a

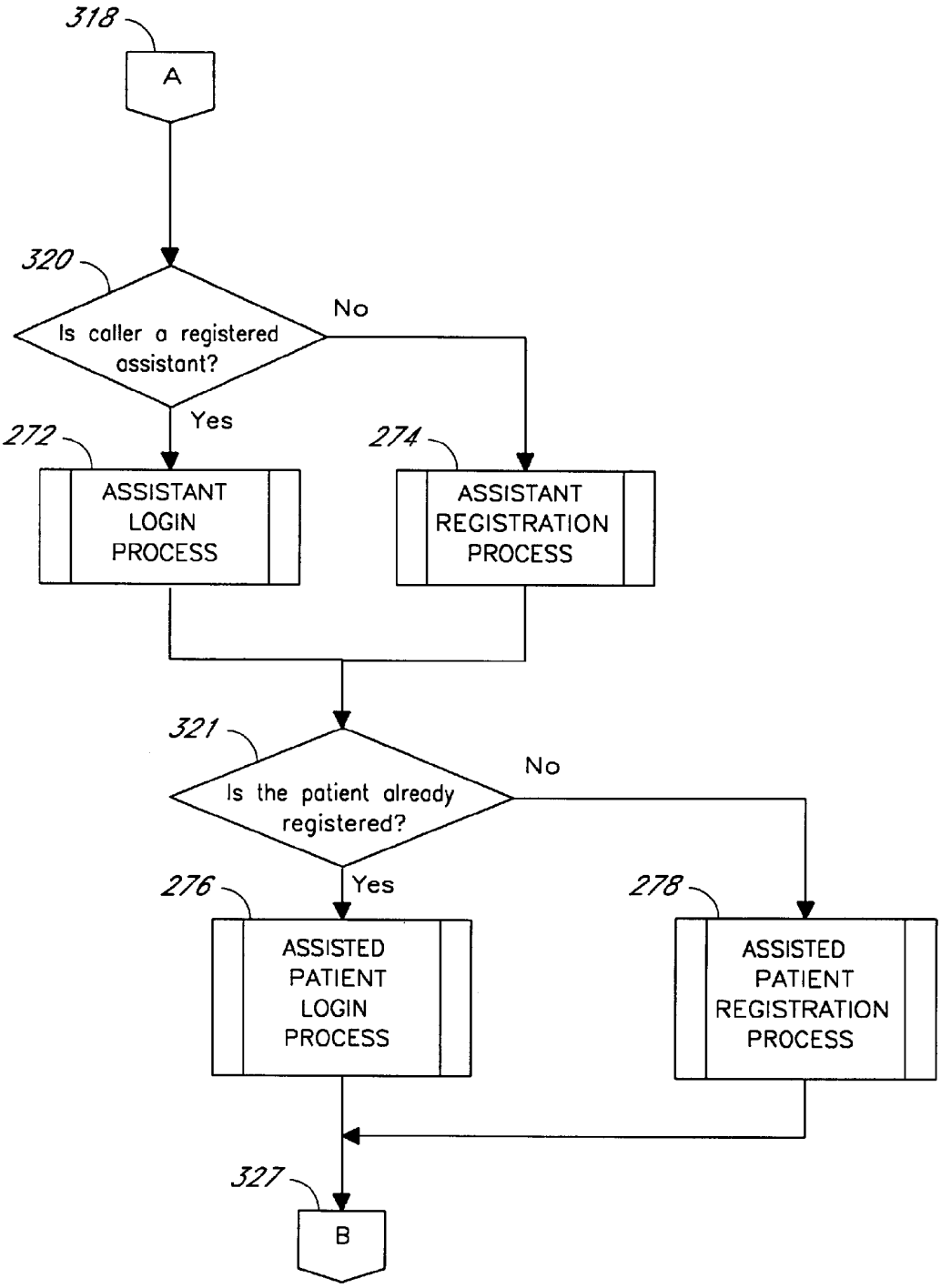
318
A
320
Is caller a registered assistant?
No
Yes
272
ASSISTANT LOGIN PROCESS
274
ASSISTANT REGISTRATION PROCESS
321
Is the patient already registered?
No
Yes
276
ASSISTED PATIENT LOGIN PROCESS
278
ASSISTED PATIENT REGISTRATION PROCESS
327
B

Fig. 7b

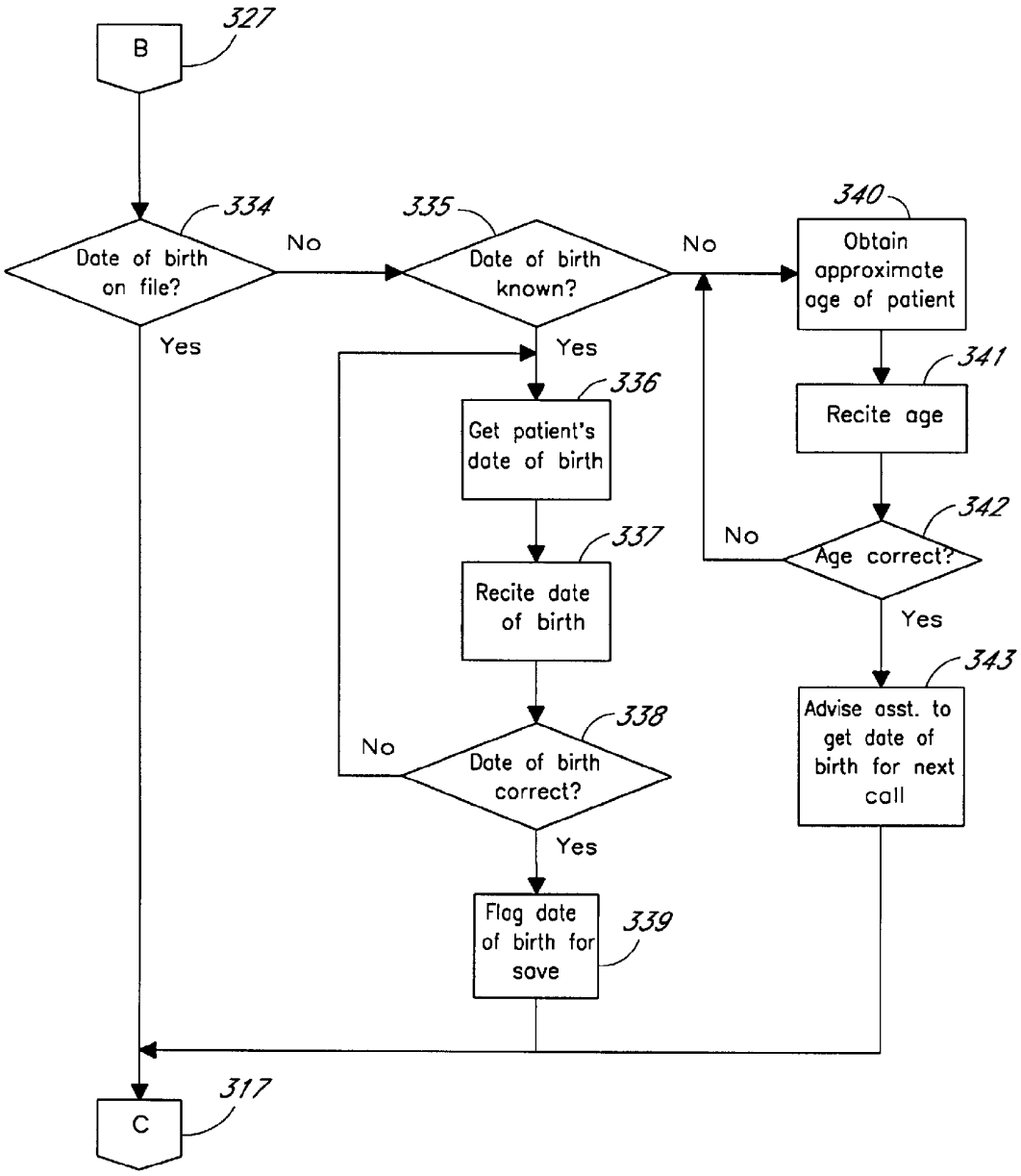
B
327
Date of birth on file?
334
No
Yes
Date of birth known?
335
No
Yes
Obtain approximate age of patient
340
Recite age
341
Age correct?
342
No
Yes
Get patient's date of birth
336
Recite date of birth
337
Date of birth correct?
338
No
Yes
Flag date of birth for save
339
Advise asst. to get date of birth for next call
343
C
317

Fig. 7c

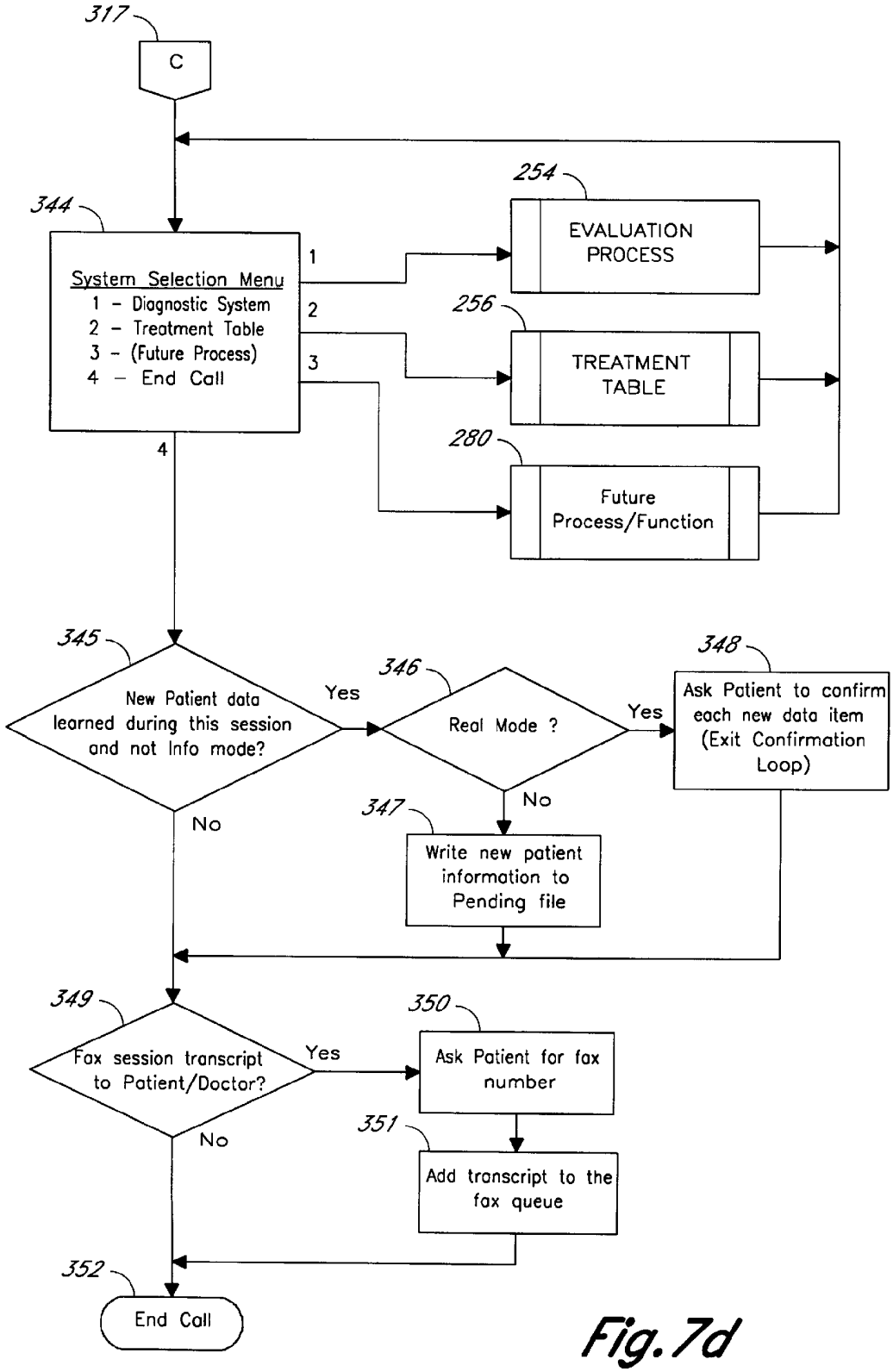
317
C
344
System Selection Menu
1 - Diagnostic System
2 - Treatment Table
3 - (Future Process)
4 - End Call
1
2
3
4
254
EVALUATION PROCESS
256
TREATMENT TABLE
280
Future Process/Function
345
New Patient data learned during this session and not Info mode?
Yes
No
346
Real Mode ?
Yes
No
348
Ask Patient to confirm each new data item (Exit Confirmation Loop)
347
Write new patient information to Pending file
349
Fax session transcript to Patient/Doctor?
Yes
No
350
Ask Patient for fax number
351
Add transcript to the fax queue
352
End Call

Fig. 7d

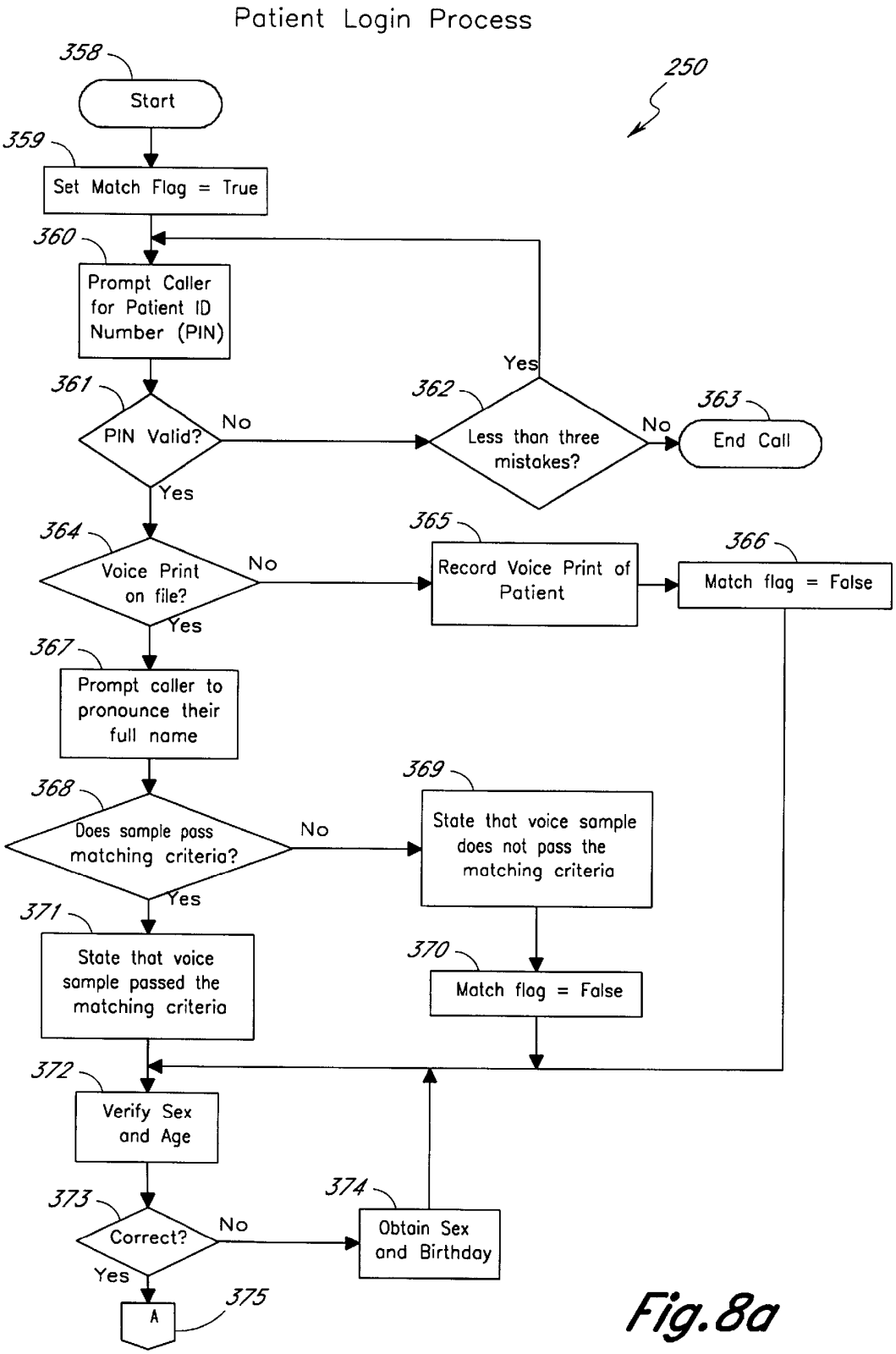
Patient Login Process
250
358
Start
359
Set Match Flag = True
360
Prompt Caller for Patient ID Number (PIN)
361
PIN Valid?
No
Yes
362
Less than three mistakes?
Yes
No
363
End Call
364
Voice Print on file?
No
Yes
365
Record Voice Print of Patient
366
Match flag = False
367
Prompt caller to pronounce their full name
368
Does sample pass matching criteria?
No
Yes
369
State that voice sample does not pass the matching criteria
370
Match flag = False
371
State that voice sample passed the matching criteria
372
Verify Sex and Age
373
Correct?
No
Yes
374
Obtain Sex and Birthday
375
A

Fig. 8a

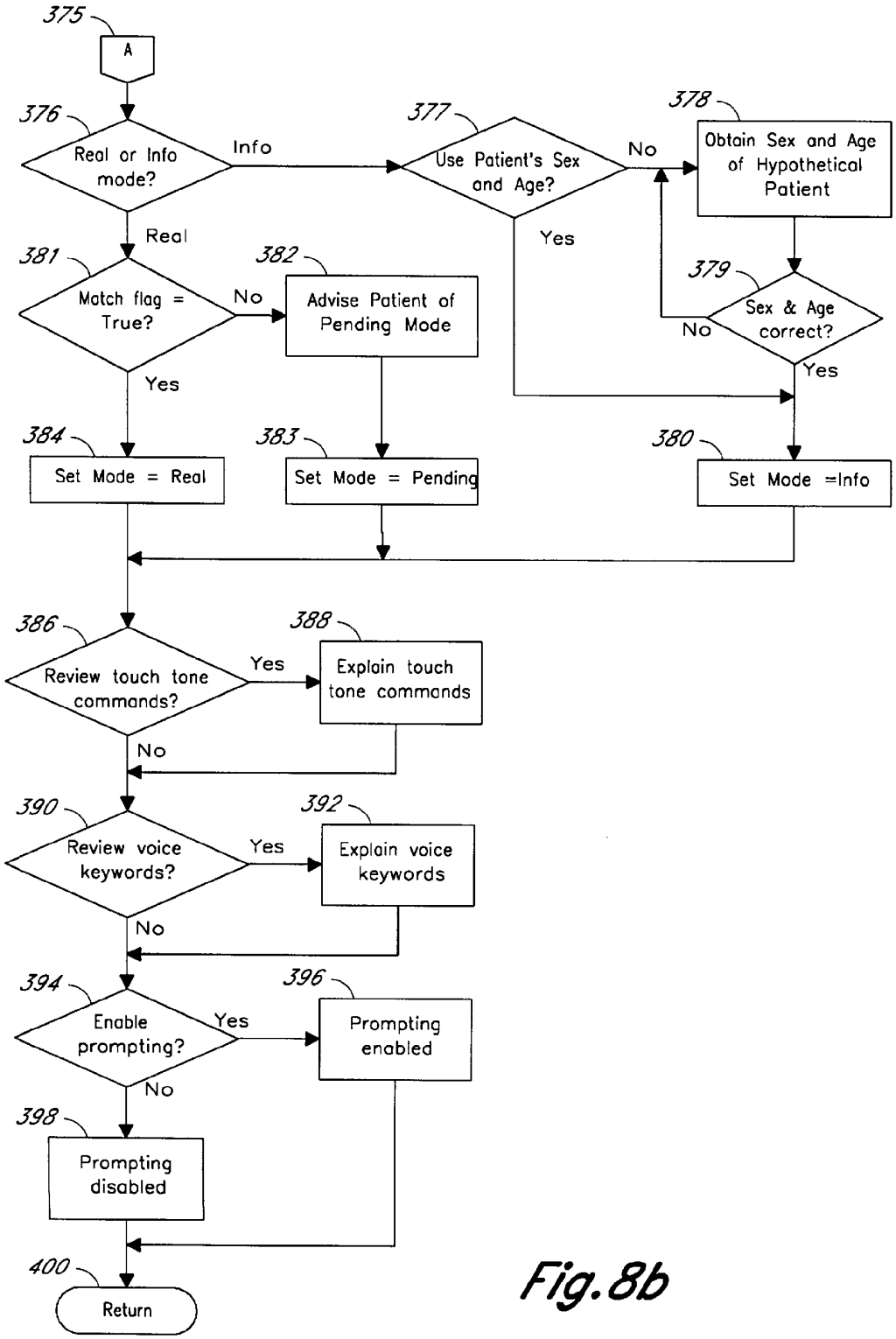
375
A
376
Real or Info mode?
Info
377
Use Patient's Sex and Age?
No
378
Obtain Sex and Age of Hypothetical Patient
Real
Yes
381
Match flag = True?
No
382
Advise Patient of Pending Mode
379
Sex & Age correct?
No
Yes
Yes
384
Set Mode = Real
383
Set Mode = Pending
380
Set Mode =Info
386
Review touch tone commands?
Yes
388
Explain touch tone commands
No
390
Review voice keywords?
Yes
392
Explain voice keywords
No
394
Enable prompting?
Yes
396
Prompting enabled
No
398
Prompting disabled
400
Return

Fig. 8b

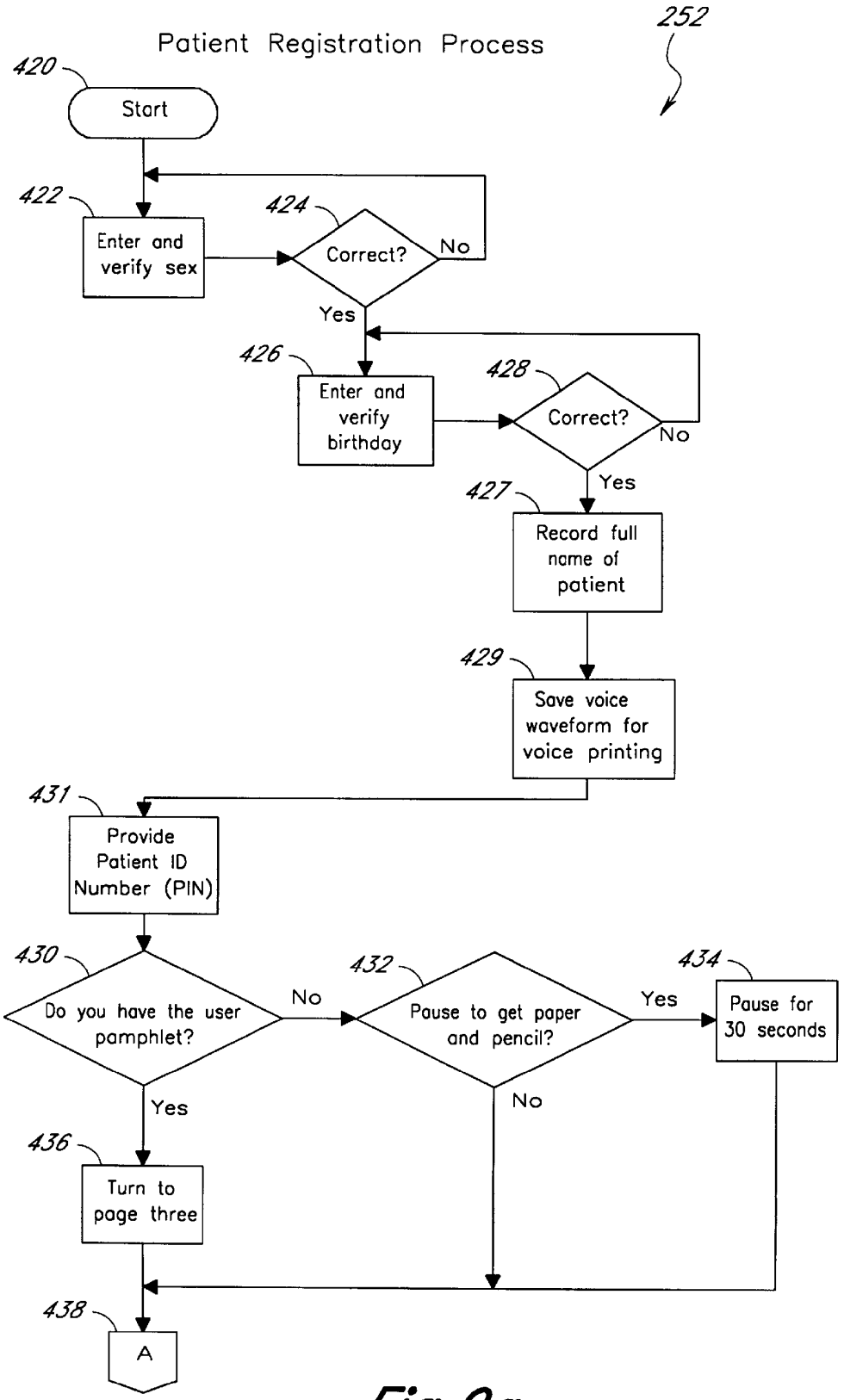
252
Patient Registration Process
420
Start
422
Enter and verify sex
424
Correct?
No
Yes
426
Enter and verify birthday
428
Correct?
No
Yes
427
Record full name of patient
429
Save voice waveform for voice printing
431
Provide Patient ID Number (PIN)
430
Do you have the user pamphlet?
No
Yes
432
Pause to get paper and pencil?
Yes
No
434
Pause for 30 seconds
436
Turn to page three
438
A

Fig. 9a

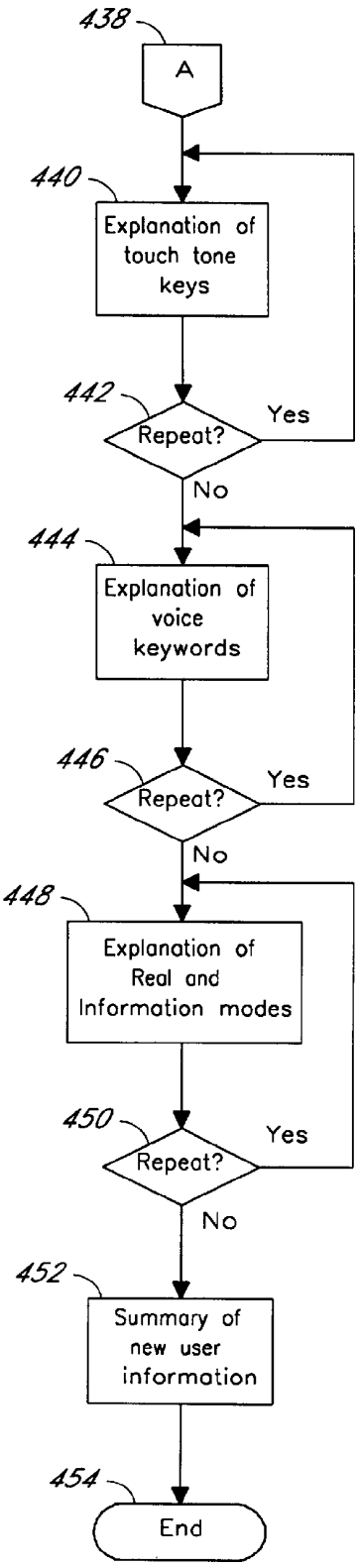
438
A
440
Explanation of touch tone keys
442
Repeat?
Yes
No
444
Explanation of voice keywords
446
Repeat?
Yes
No
448
Explanation of Real and Information modes
450
Repeat?
Yes
No
452
Summary of new user information
454
End

Fig. 9b

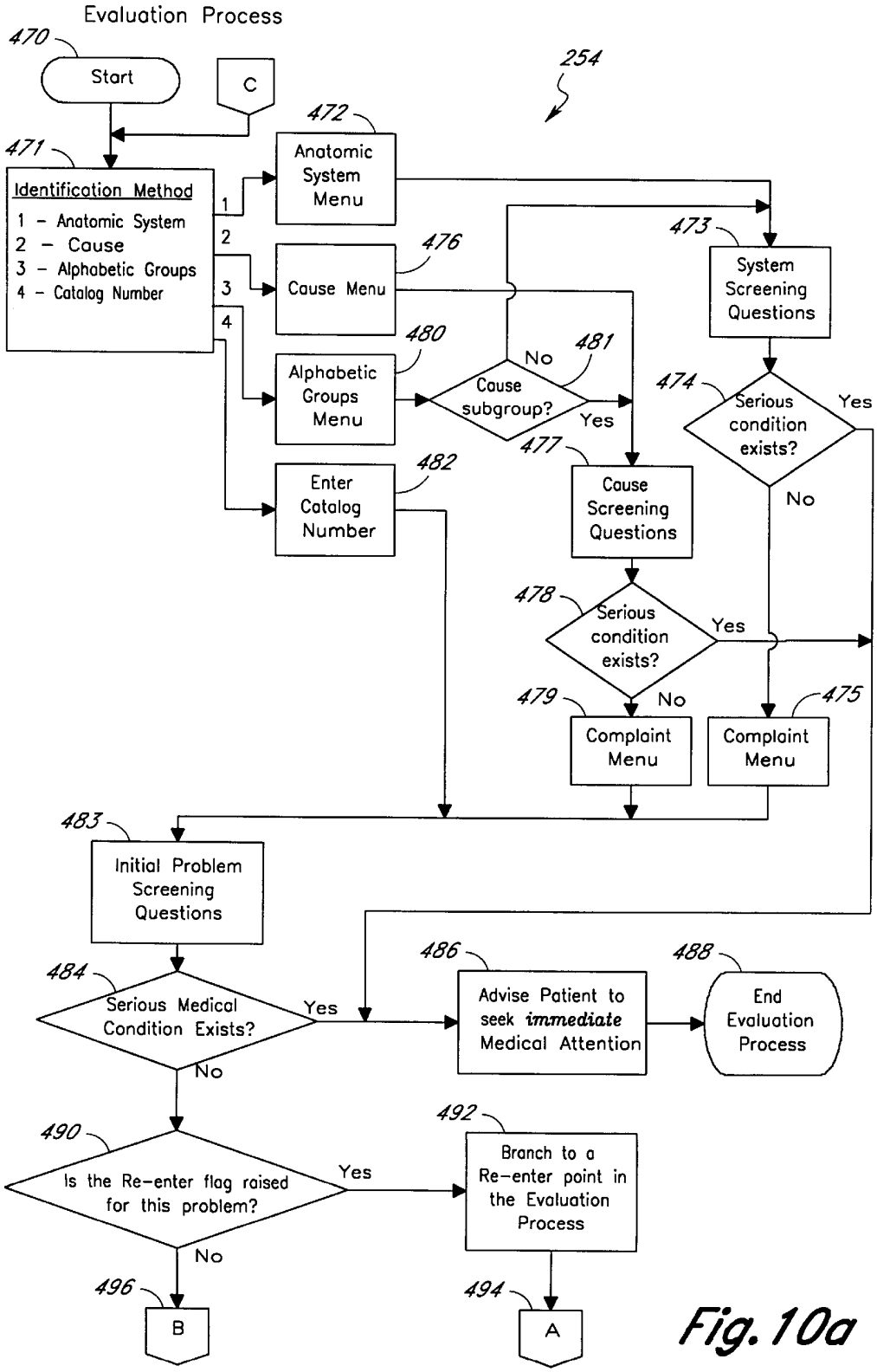
Evaluation Process
470
Start
C
254
472
Anatomic System Menu
471
Identification Method
1 – Anatomic System
2 – Cause
3 – Alphabetic Groups
4 – Catalog Number
1
2
3
4
476
Cause Menu
473
System Screening Questions
480
Alphabetic Groups Menu
481
No
Cause subgroup?
Yes
474
Serious condition exists?
Yes
No
477
Cause Screening Questions
482
Enter Catalog Number
478
Serious condition exists?
Yes
No
479
Complaint Menu
475
Complaint Menu
483
Initial Problem Screening Questions
484
Serious Medical Condition Exists?
Yes
No
486
Advise Patient to seek immediate Medical Attention
488
End Evaluation Process
490
Is the Re-enter flag raised for this problem?
Yes
No
492
Branch to a Re-enter point in the Evaluation Process
496
B
494
A

Fig. 10a

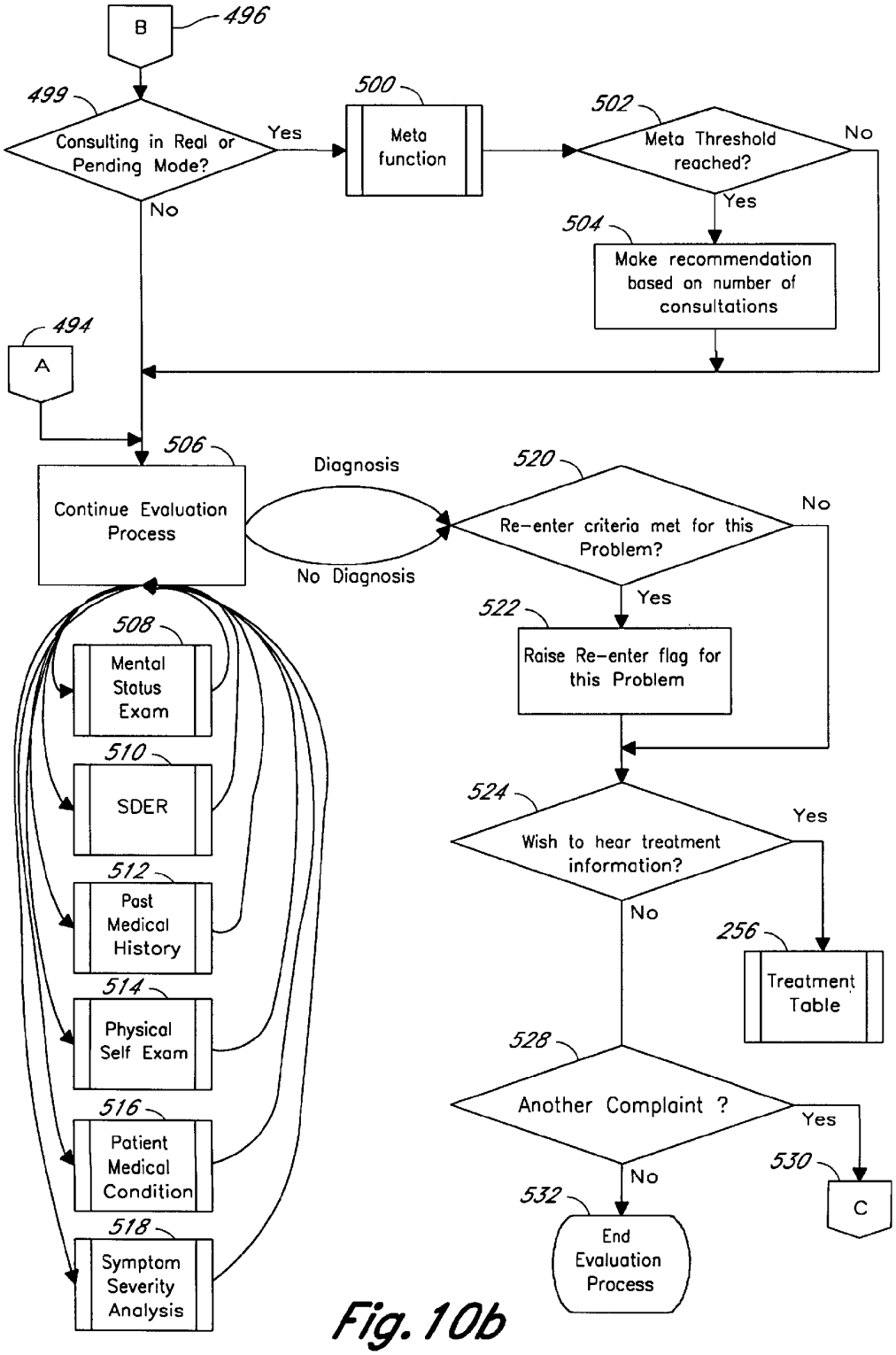
B
496
499
Consulting in Real or Pending Mode?
Yes
No
500
Meta function
502
Meta Threshold reached?
No
Yes
504
Make recommendation based on number of consultations
494
A
506
Continue Evaluation Process
Diagnosis
No Diagnosis
520
Re-enter criteria met for this Problem?
No
Yes
522
Raise Re-enter flag for this Problem
508
Mental Status Exam
510
SDER
512
Past Medical History
514
Physical Self Exam
516
Patient Medical Condition
518
Symptom Severity Analysis
524
Wish to hear treatment information?
Yes
No
256
Treatment Table
528
Another Complaint ?
Yes
No
530
C
532
End Evaluation Process

Fig. 10b

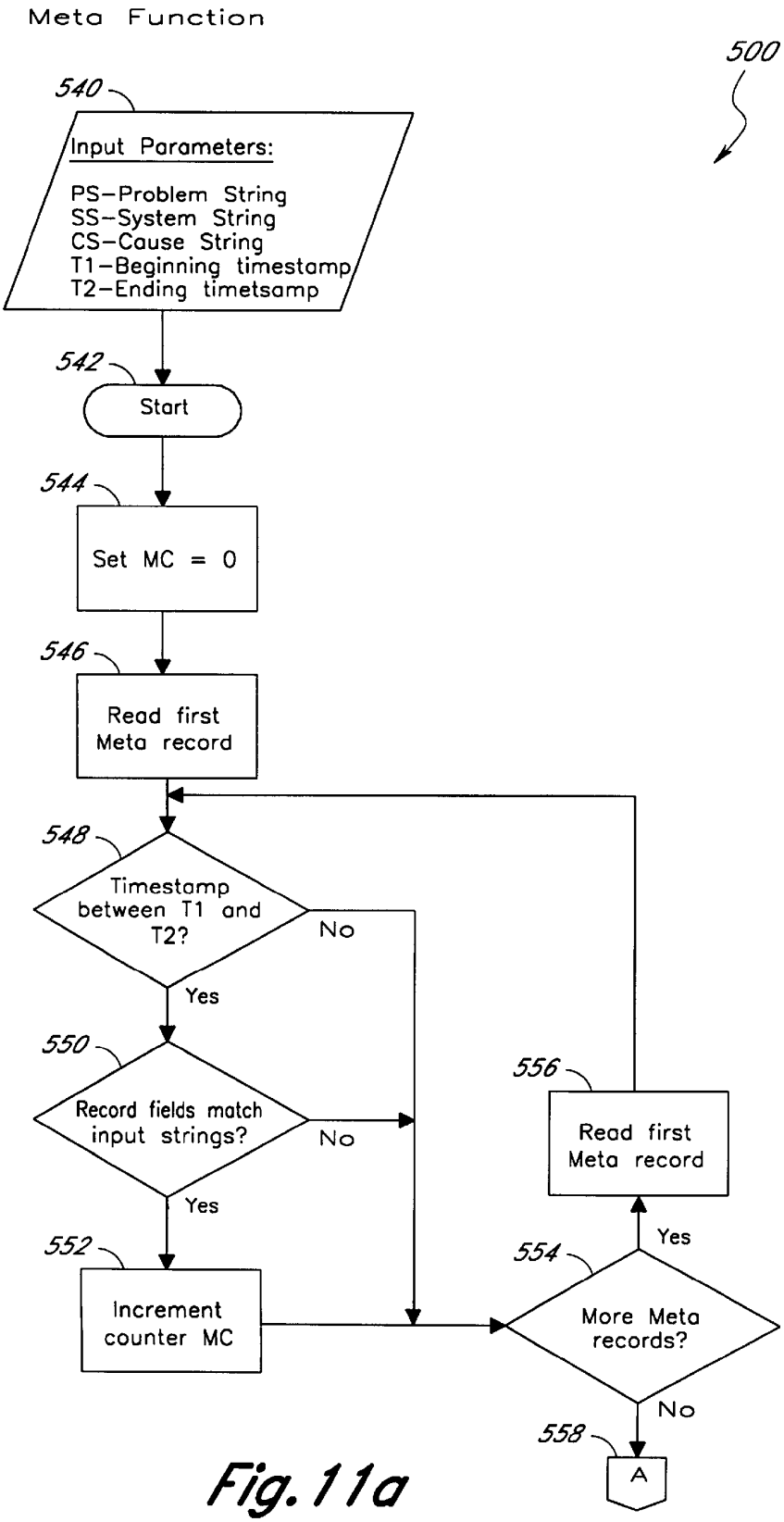
Meta Function
500
540
Input Parameters:
PS-Problem String
SS-System String
CS-Cause String
T1-Beginning timestamp
T2-Ending timetsamp
542
Start
544
Set MC = 0
546
Read first Meta record
548
Timestamp between T1 and T2?
No
Yes
550
Record fields match input strings?
No
Yes
552
Increment counter MC
554
More Meta records?
Yes
No
556
Read first Meta record
558
A

Fig. 11a

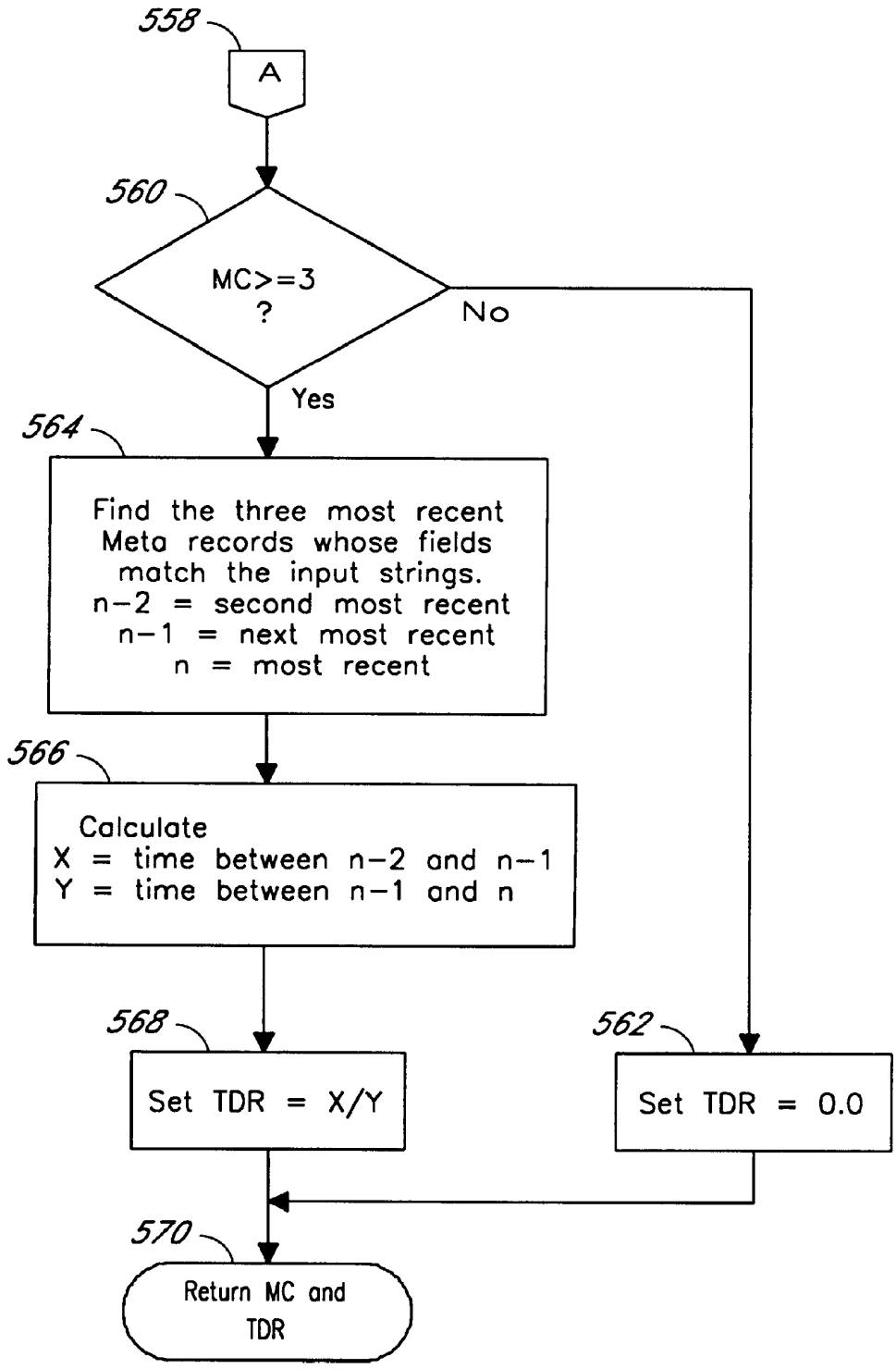
558
A
560
MC>=3
?
No
Yes
564
Find the three most recent Meta records whose fields match the input strings.
n−2 = second most recent
n−1 = next most recent
n = most recent
566
Calculate
X = time between n−2 and n−1
Y = time between n−1 and n
568
Set TDR = X/Y
562
Set TDR = 0.0
570
Return MC and TDR

Fig. 11b

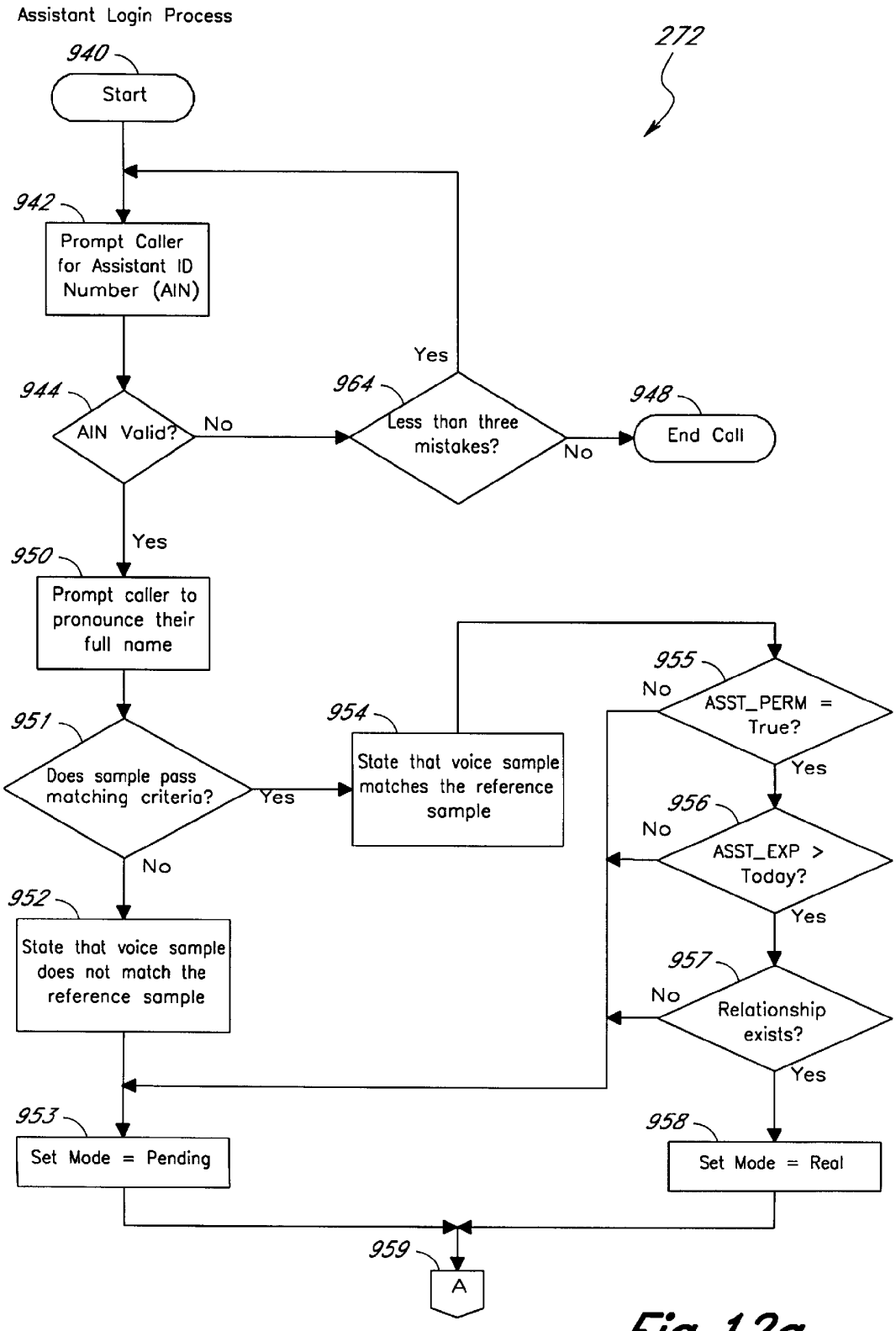
Assistant Login Process
272
940
Start
942
Prompt Caller for Assistant ID Number (AIN)
944
AIN Valid?
No
964
Less than three mistakes?
Yes
No
948
End Call
Yes
950
Prompt caller to pronounce their full name
951
Does sample pass matching criteria?
Yes
954
State that voice sample matches the reference sample
No
952
State that voice sample does not match the reference sample
955
ASST_PERM = True?
No
Yes
956
ASST_EXP > Today?
No
Yes
957
Relationship exists?
No
Yes
953
Set Mode = Pending
958
Set Mode = Real
959
A

Fig. 12a

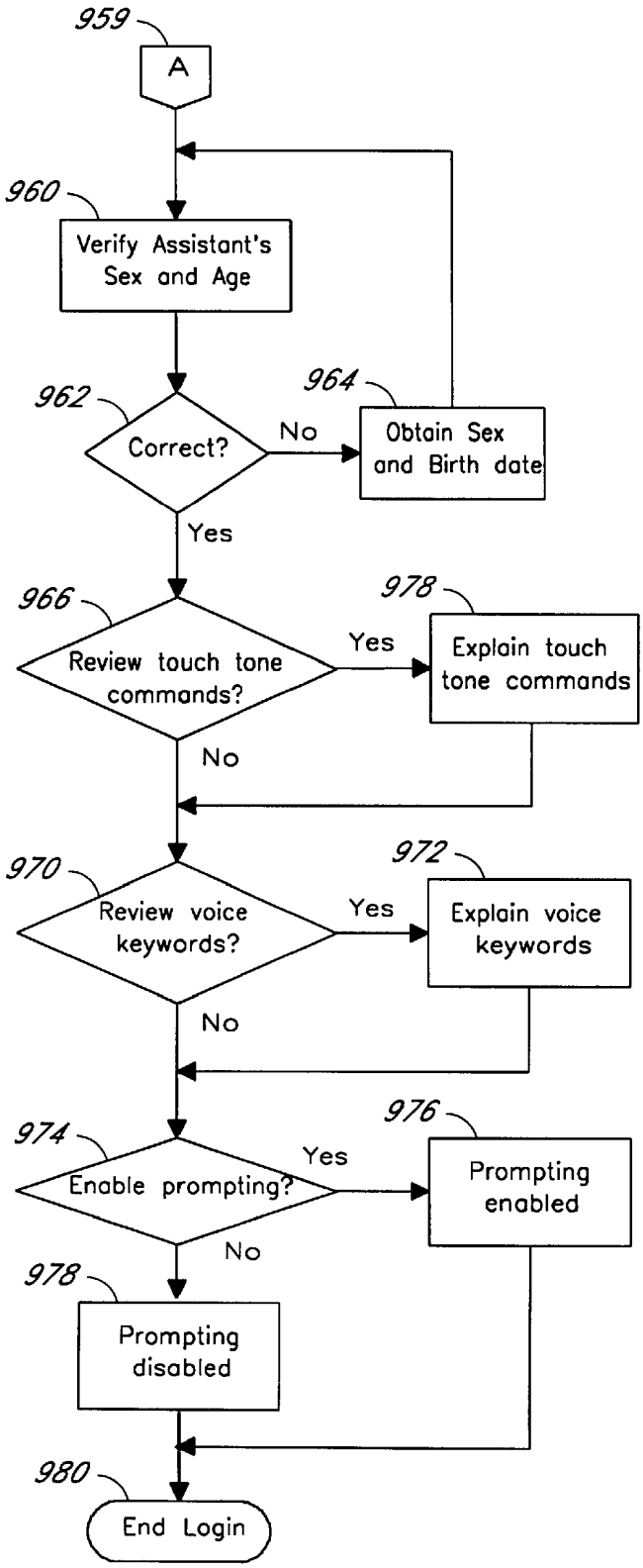
959
A
960
Verify Assistant's Sex and Age
962
Correct?
No
964
Obtain Sex and Birth date
Yes
966
Review touch tone commands?
Yes
978
Explain touch tone commands
No
970
Review voice keywords?
Yes
972
Explain voice keywords
No
974
Enable prompting?
Yes
976
Prompting enabled
No
978
Prompting disabled
980
End Login

Fig. 12b

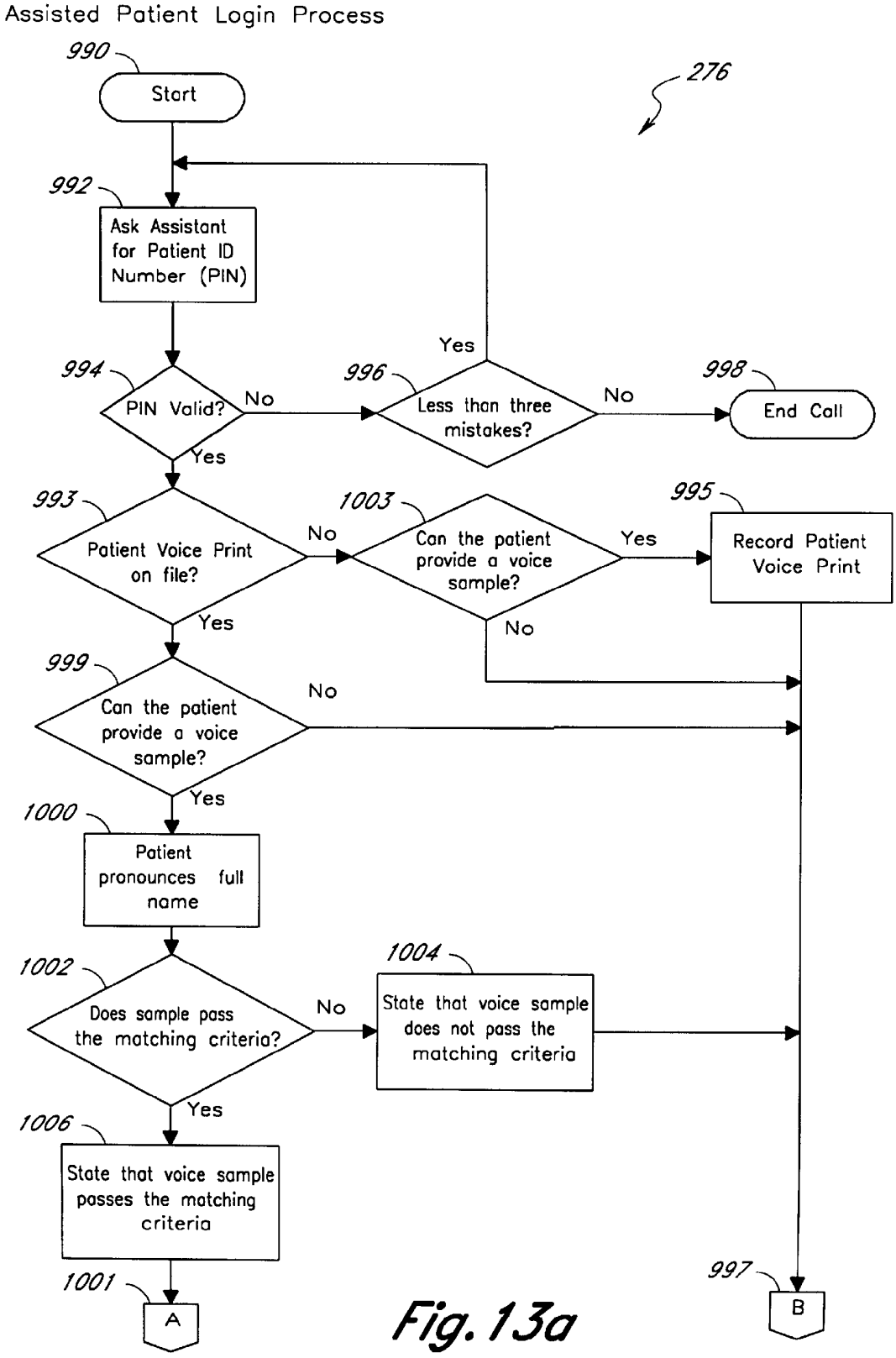
Assisted Patient Login Process
990
Start
276
992
Ask Assistant for Patient ID Number (PIN)
994
PIN Valid?
No
Yes
996
Less than three mistakes?
Yes
No
998
End Call
993
Patient Voice Print on file?
No
Yes
1003
Can the patient provide a voice sample?
Yes
No
995
Record Patient Voice Print
999
Can the patient provide a voice sample?
No
Yes
1000
Patient pronounces full name
1002
Does sample pass the matching criteria?
No
Yes
1004
State that voice sample does not pass the matching criteria
1006
State that voice sample passes the matching criteria
1001
A
997
B

Fig. 13a

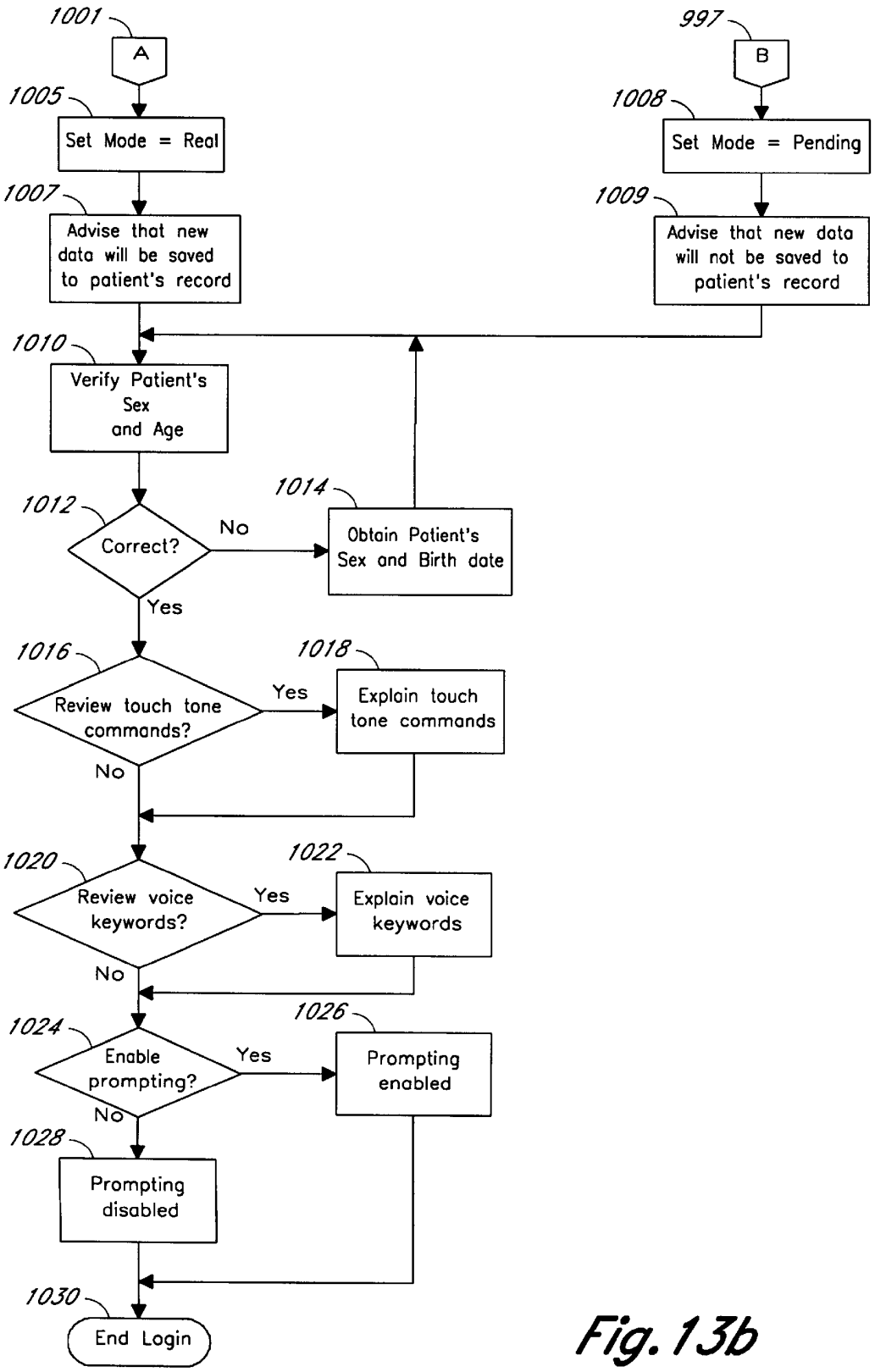
1001
A
1005
Set Mode = Real
1007
Advise that new data will be saved to patient's record
997
B
1008
Set Mode = Pending
1009
Advise that new data will not be saved to patient's record
1010
Verify Patient's Sex and Age
1012
Correct?
No
Yes
1014
Obtain Patient's Sex and Birth date
1016
Review touch tone commands?
Yes
No
1018
Explain touch tone commands
1020
Review voice keywords?
Yes
No
1022
Explain voice keywords
1024
Enable prompting?
Yes
No
1026
Prompting enabled
1028
Prompting disabled
1030
End Login

Fig. 13b

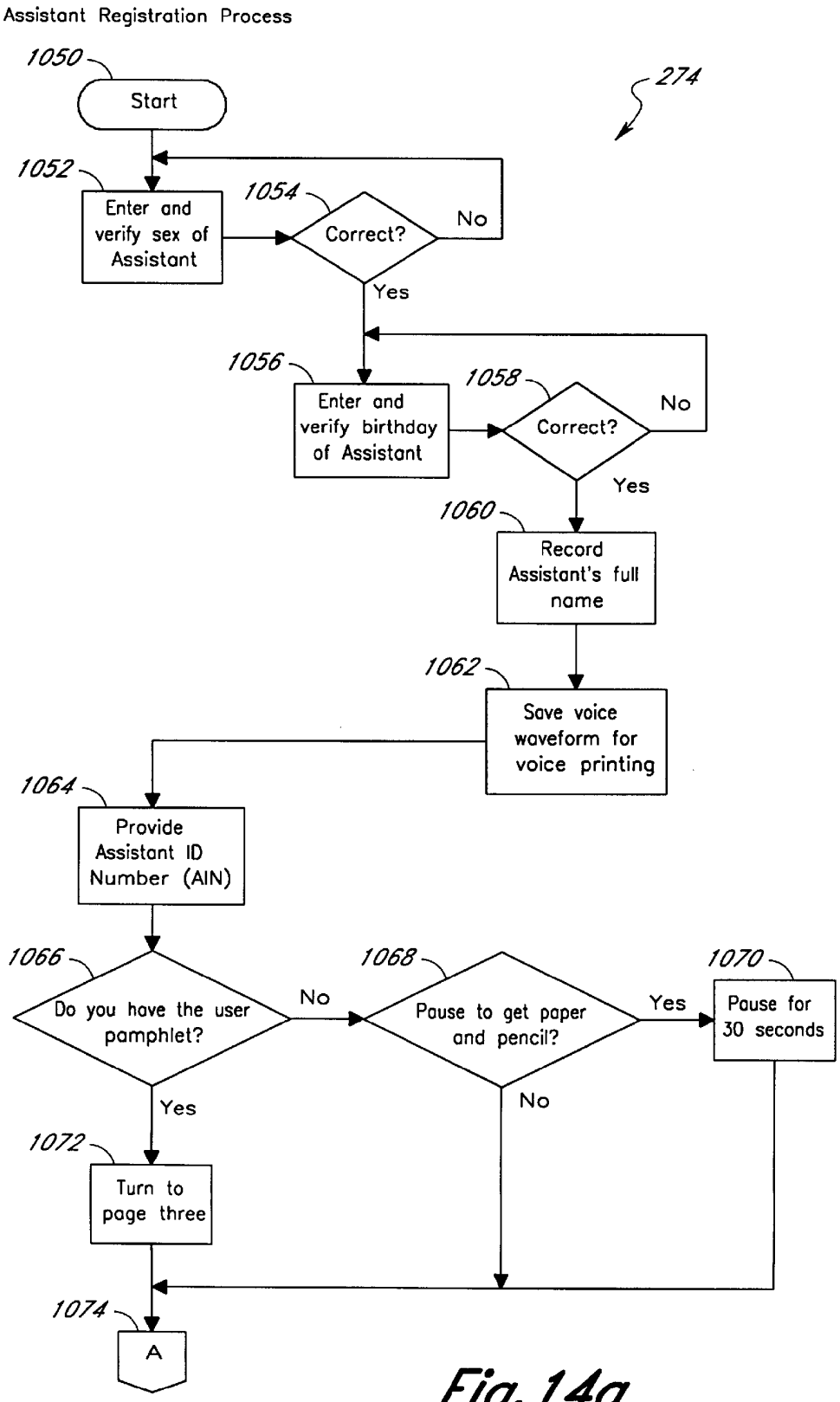
Assistant Registration Process
1050
Start
274
1052
Enter and verify sex of Assistant
1054
Correct?
No
Yes
1056
Enter and verify birthday of Assistant
1058
Correct?
No
Yes
1060
Record Assistant's full name
1062
Save voice waveform for voice printing
1064
Provide Assistant ID Number (AIN)
1066
Do you have the user pamphlet?
No
1068
Pause to get paper and pencil?
Yes
1070
Pause for 30 seconds
Yes
No
1072
Turn to page three
1074
A

Fig. 14a

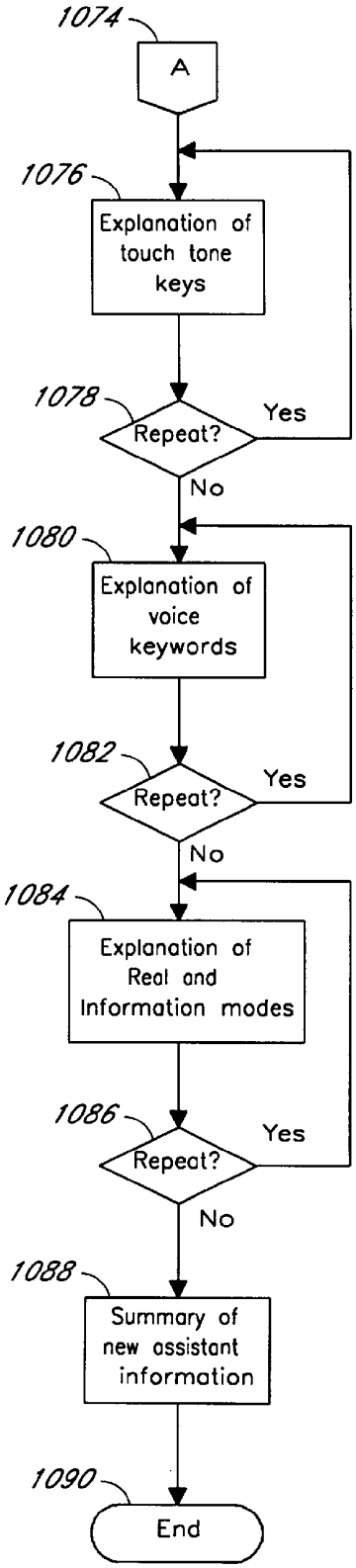
1074
A
1076
Explanation of touch tone keys
1078
Repeat?
Yes
No
1080
Explanation of voice keywords
1082
Repeat?
Yes
No
1084
Explanation of Real and Information modes
1086
Repeat?
Yes
No
1088
Summary of new assistant information
1090
End

Fig. 14b

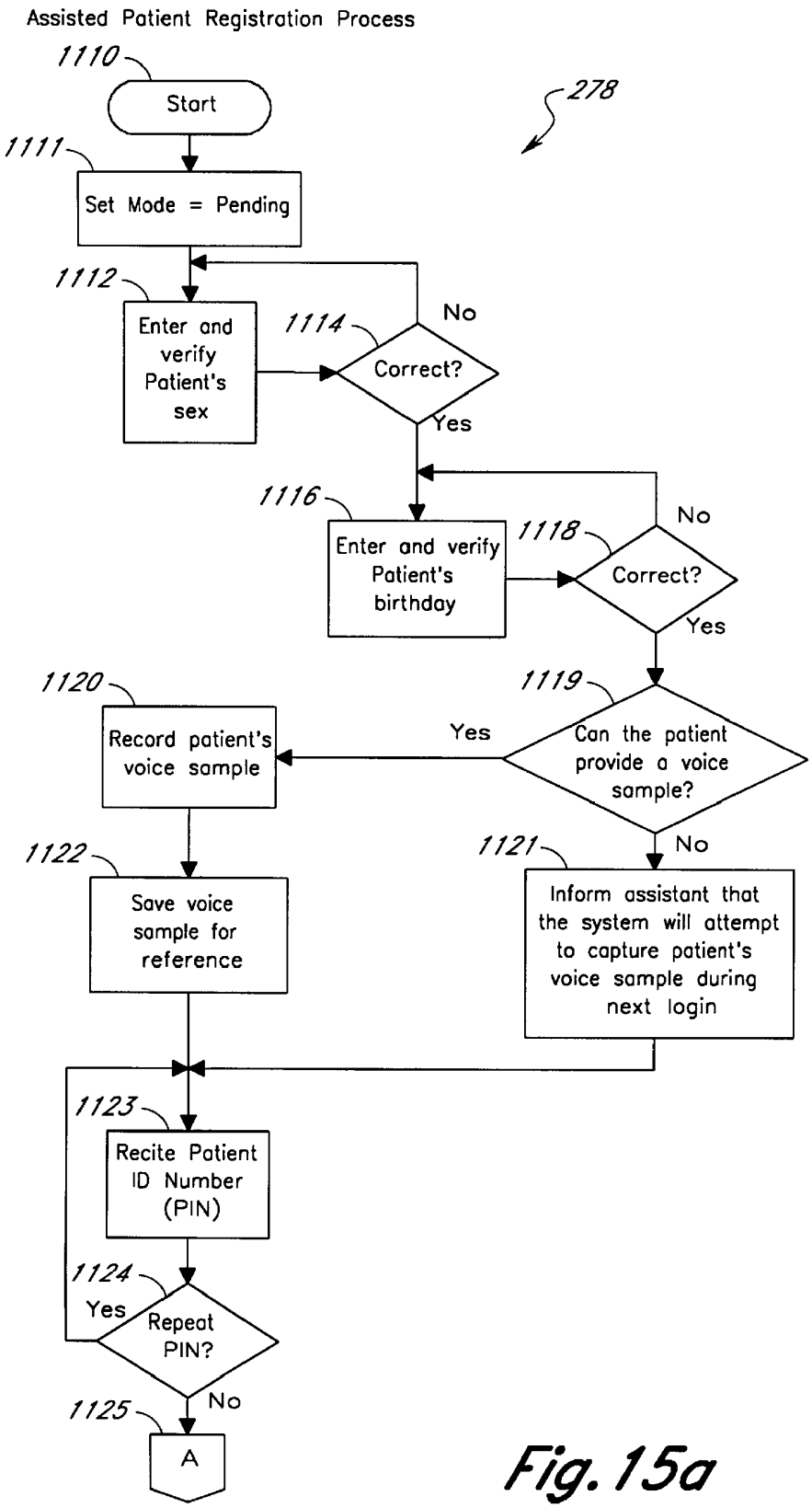
Assisted Patient Registration Process
1110
Start
278
1111
Set Mode = Pending
1112
Enter and verify Patient's sex
1114
Correct?
No
Yes
1116
Enter and verify Patient's birthday
1118
Correct?
No
Yes
1119
Can the patient provide a voice sample?
Yes
No
1120
Record patient's voice sample
1121
Inform assistant that the system will attempt to capture patient's voice sample during next login
1122
Save voice sample for reference
1123
Recite Patient ID Number (PIN)
1124
Repeat PIN?
Yes
No
1125
A

Fig. 15a

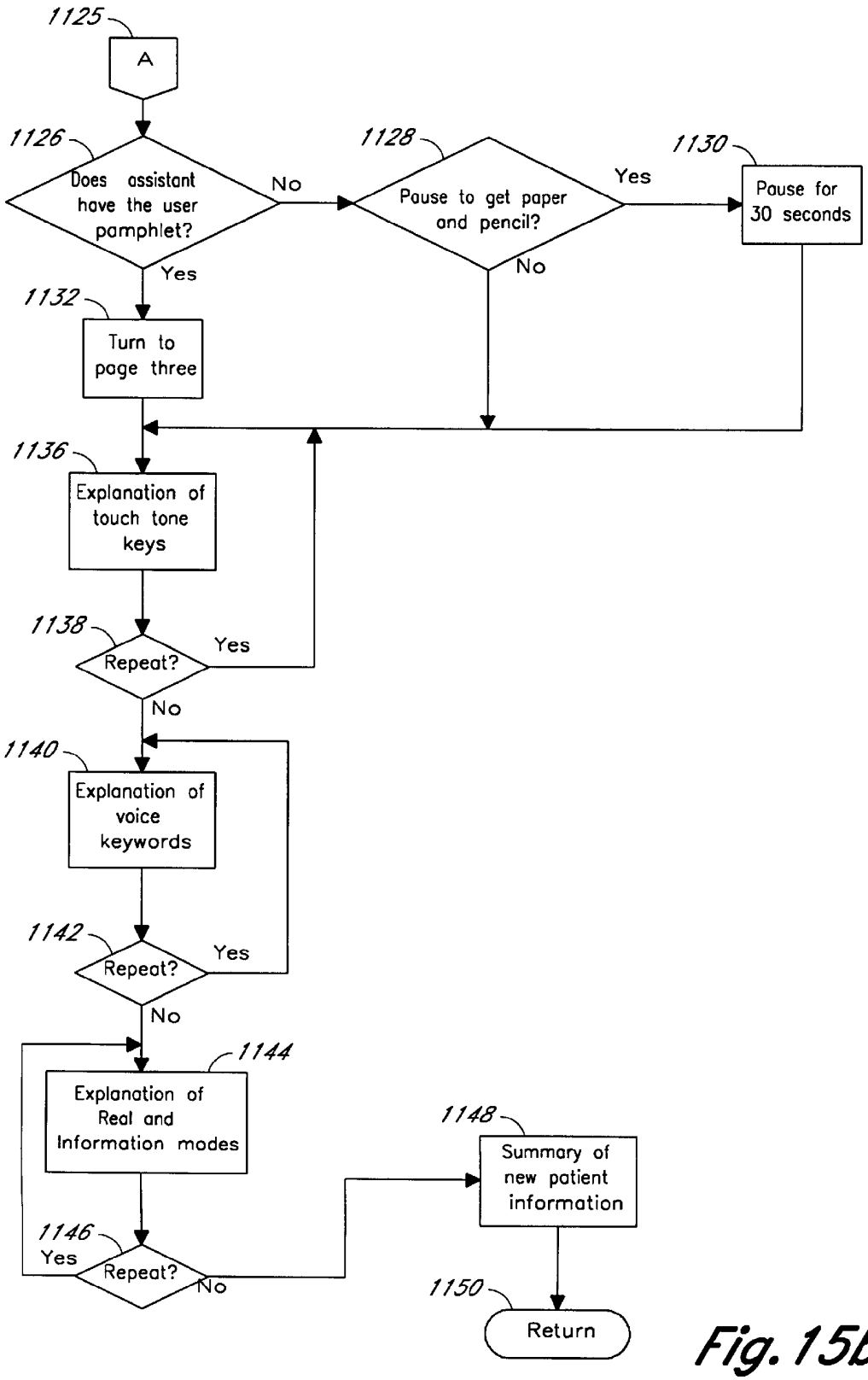
1125
A
1126
Does assistant have the user pamphlet?
No
1128
Pause to get paper and pencil?
Yes
1130
Pause for 30 seconds
Yes
No
1132
Turn to page three
1136
Explanation of touch tone keys
1138
Repeat?
Yes
No
1140
Explanation of voice keywords
1142
Repeat?
Yes
No
1144
Explanation of Real and Information modes
1148
Summary of new patient information
1146
Yes
Repeat?
No
1150
Return

Fig. 15b

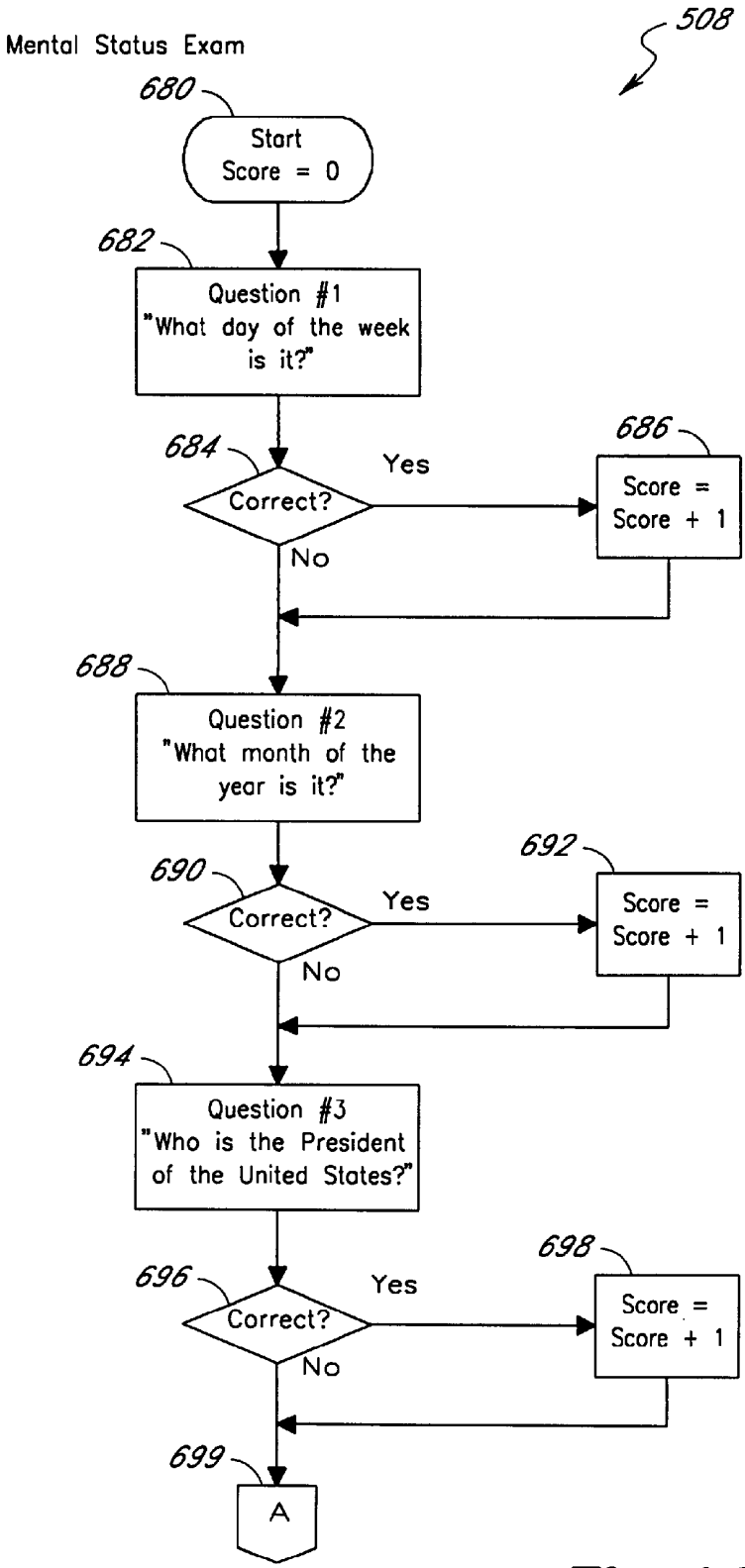
Mental Status Exam
508
680
Start
Score = 0
682
Question #1
"What day of the week is it?"
684
Correct?
Yes
No
686
Score = Score + 1
688
Question #2
"What month of the year is it?"
690
Correct?
Yes
No
692
Score = Score + 1
694
Question #3
"Who is the President of the United States?"
696
Correct?
Yes
No
698
Score = Score + 1
699
A

Fig. 16a

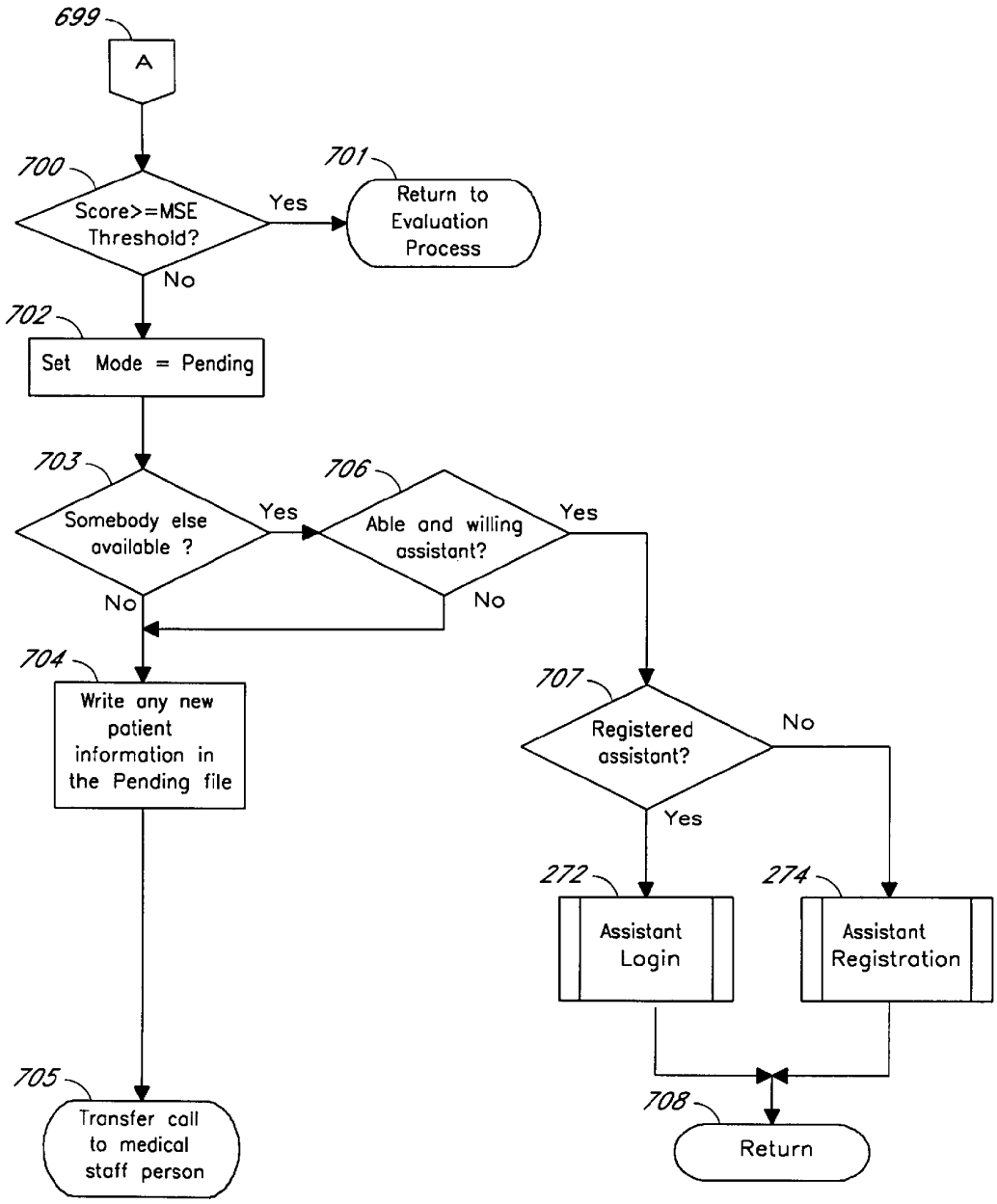
699
A
700
Score>=MSE Threshold?
Yes
701
Return to Evaluation Process
No
702
Set Mode = Pending
703
Somebody else available ?
Yes
706
Able and willing assistant?
Yes
No
No
704
Write any new patient information in the Pending file
707
Registered assistant?
No
Yes
272
Assistant Login
274
Assistant Registration
705
Transfer call to medical staff person
708
Return

Fig. 16b

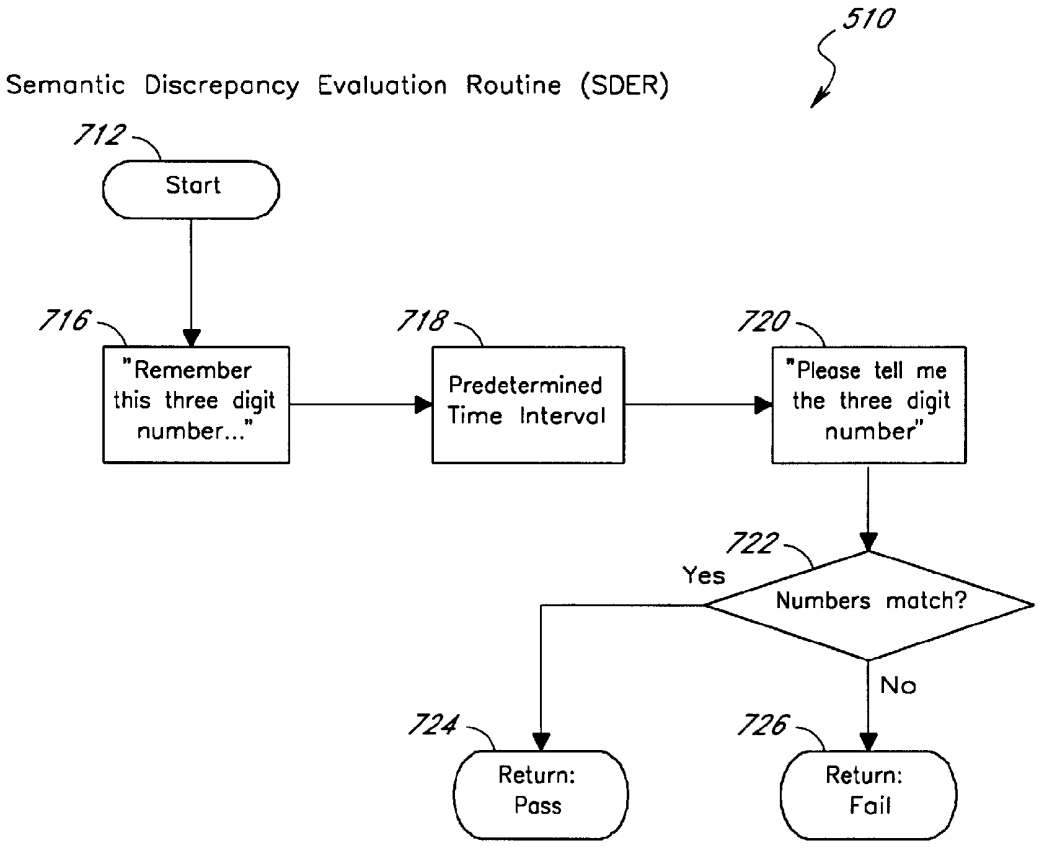
510
Semantic Discrepancy Evaluation Routine (SDER)
712
Start
716
"Remember this three digit number..."
718
Predetermined Time Interval
720
"Please tell me the three digit number"
722
Yes
Numbers match?
No
724
Return: Pass
726
Return: Fail

Fig. 17

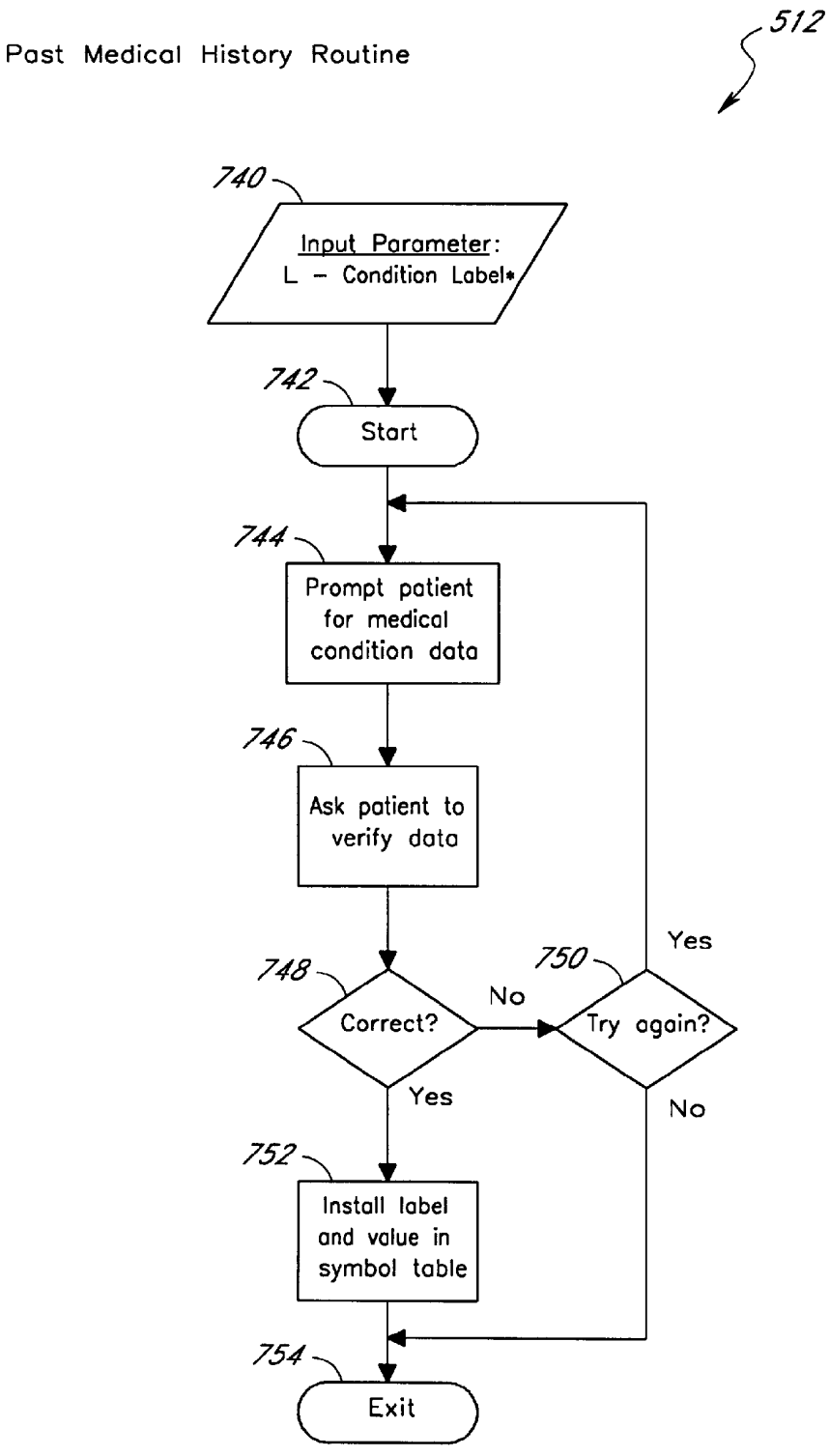
Past Medical History Routine
512
740
Input Parameter:
L – Condition Label*
742
Start
744
Prompt patient for medical condition data
746
Ask patient to verify data
748
Correct?
No
750
Try again?
Yes
No
Yes
752
Install label and value in symbol table
754
Exit

Fig. 18

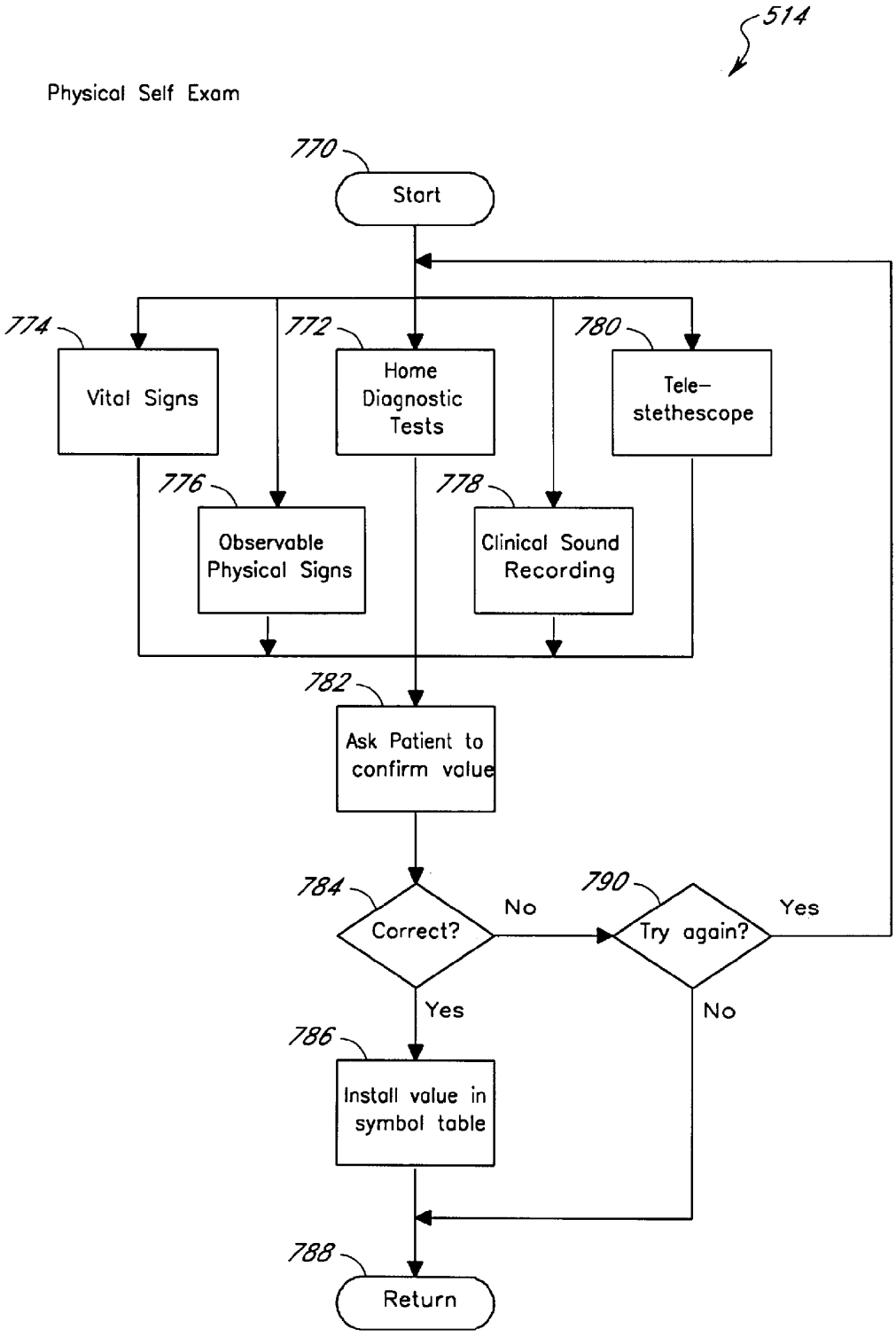
514
Physical Self Exam
770
Start
774
Vital Signs
772
Home Diagnostic Tests
780
Tele-stethescope
776
Observable Physical Signs
778
Clinical Sound Recording
782
Ask Patient to confirm value
784
Correct?
No
790
Try again?
Yes
Yes
No
786
Install value in symbol table
788
Return

Fig. 19

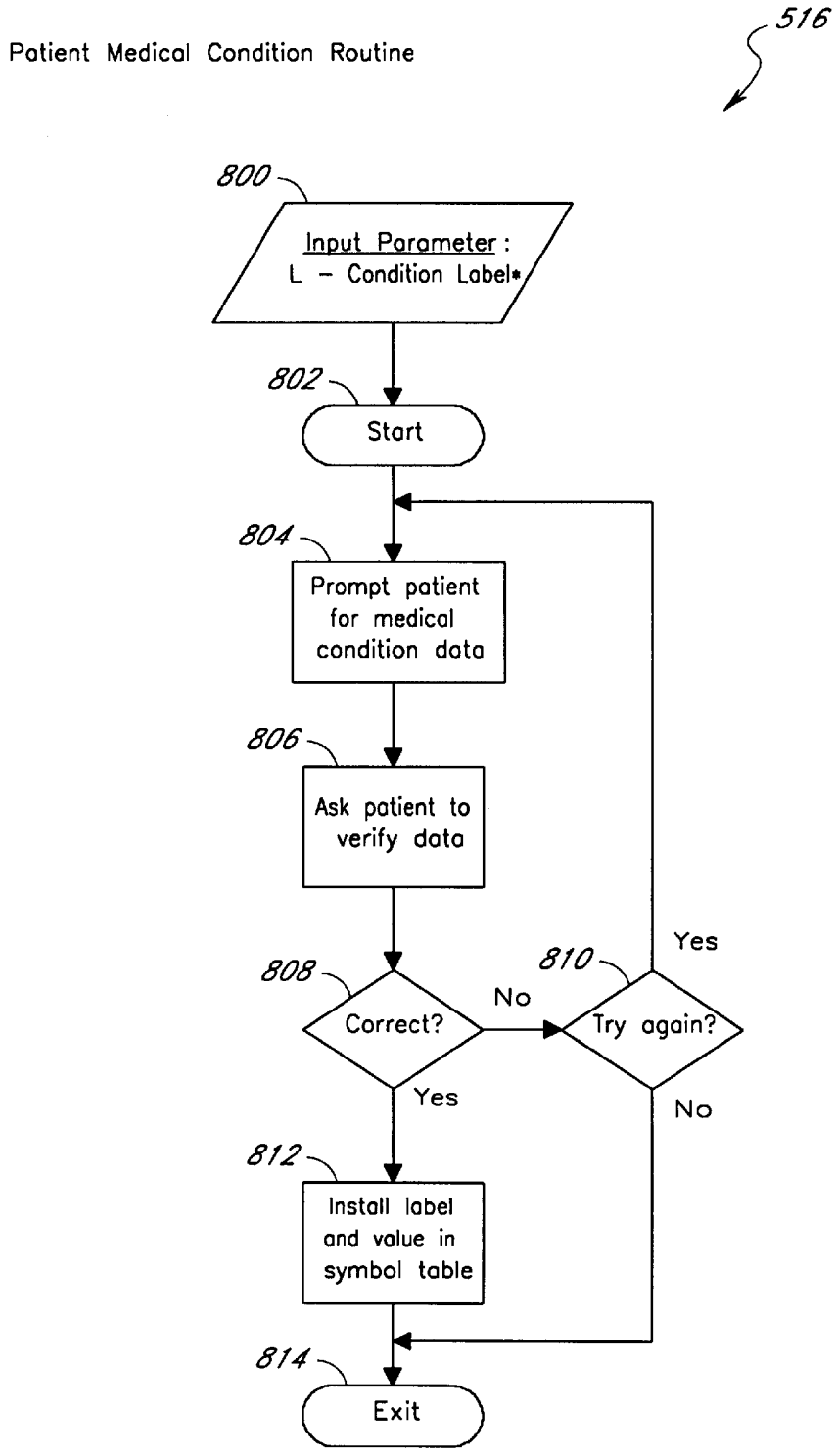
Patient Medical Condition Routine
516
800
Input Parameter :
L – Condition Label*
802
Start
804
Prompt patient for medical condition data
806
Ask patient to verify data
808
Correct?
No
Yes
810
Try again?
Yes
No
812
Install label and value in symbol table
814
Exit

Fig.20

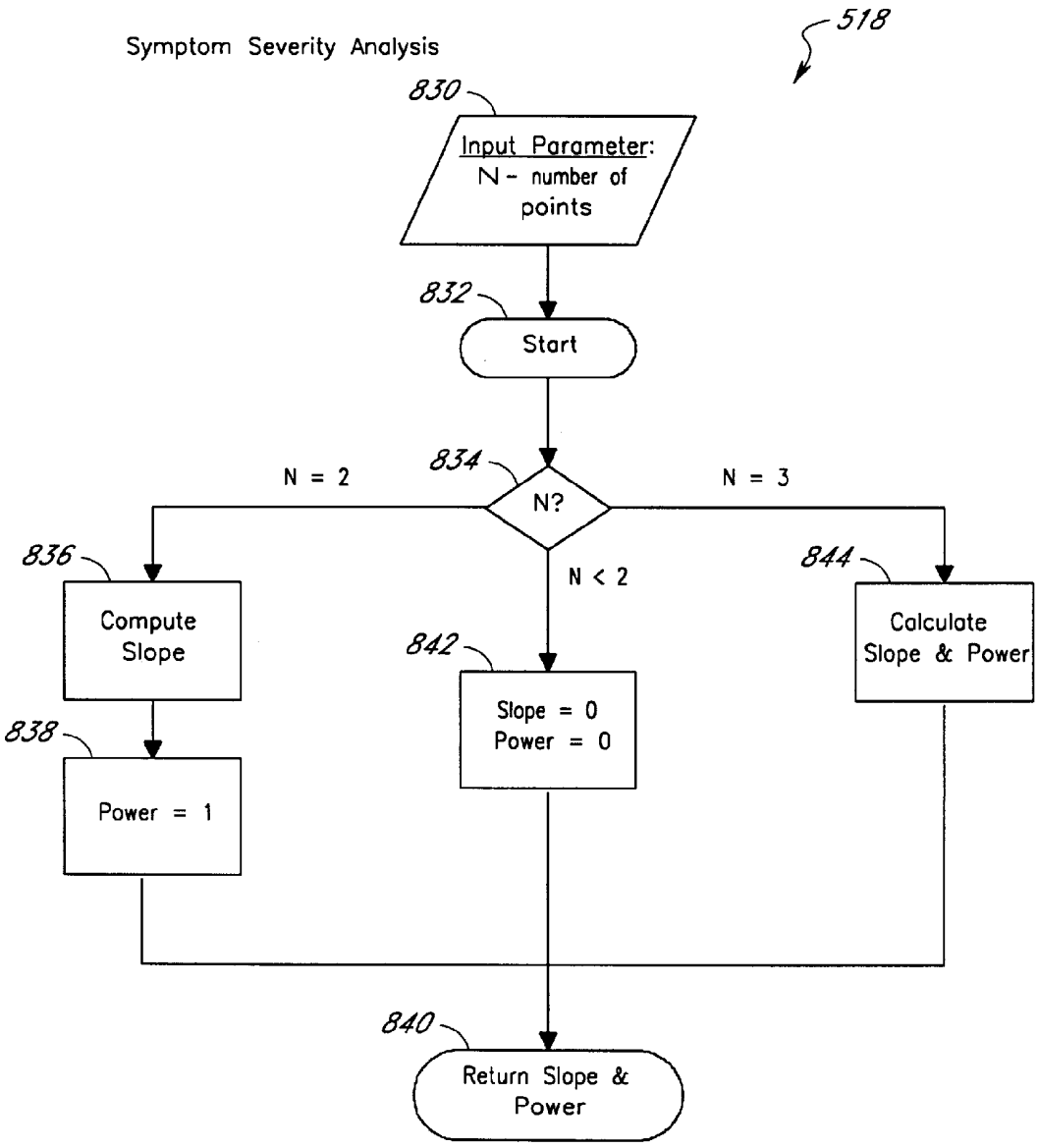
Symptom Severity Analysis
518
830
Input Parameter:
N - number of points
832
Start
834
N?
N = 2
N < 2
N = 3
836
Compute Slope
838
Power = 1
842
Slope = 0
Power = 0
844
Calculate Slope & Power
840
Return Slope & Power

Fig.21

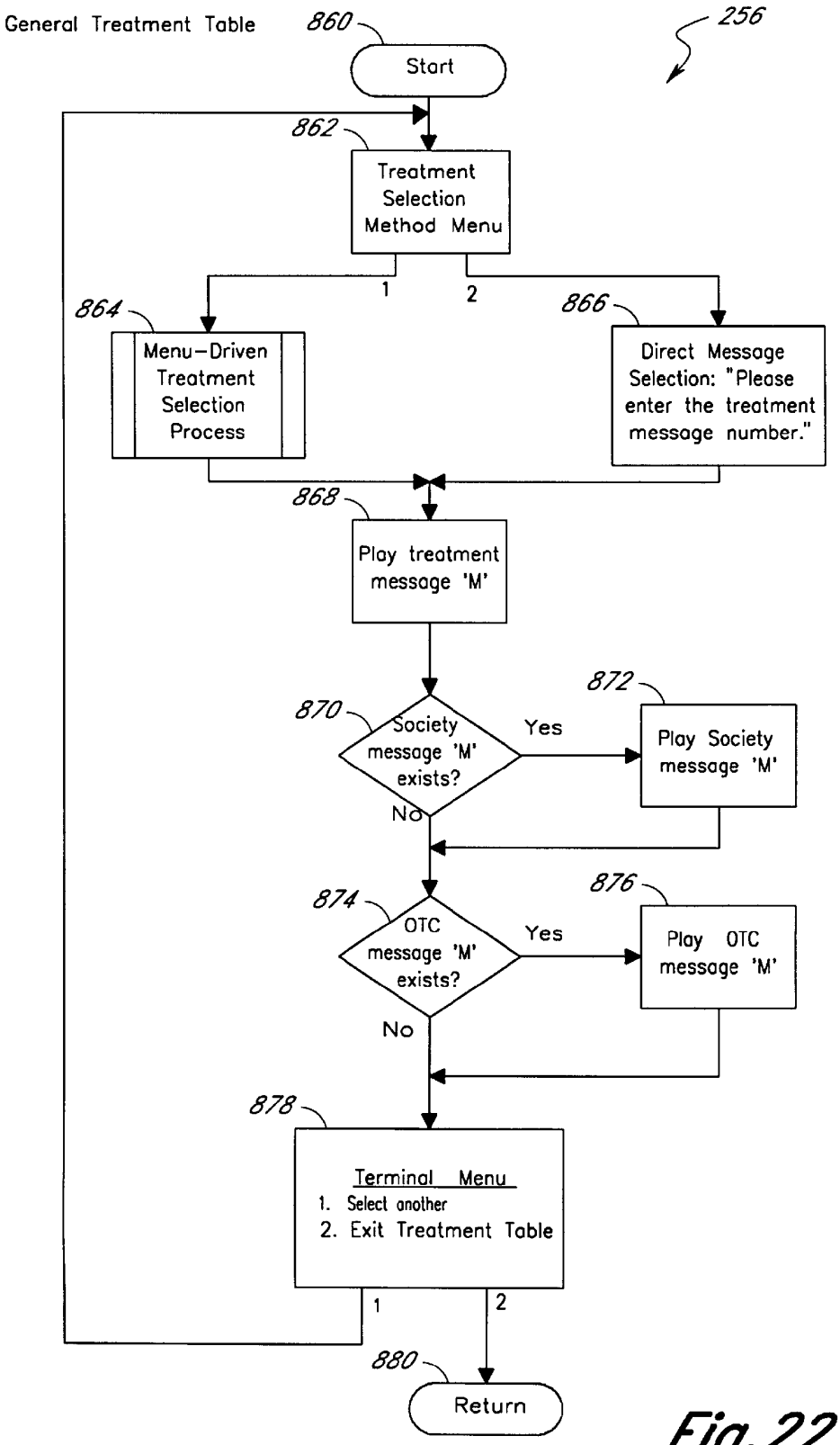
General Treatment Table
860
Start
256
862
Treatment Selection Method Menu
1
2
864
Menu-Driven Treatment Selection Process
866
Direct Message Selection: "Please enter the treatment message number."
868
Play treatment message 'M'
870
Society message 'M' exists?
Yes
No
872
Play Society message 'M'
874
OTC message 'M' exists?
Yes
No
876
Play OTC message 'M'
878
Terminal Menu
1. Select another
2. Exit Treatment Table
1
2
880
Return

Fig. 22

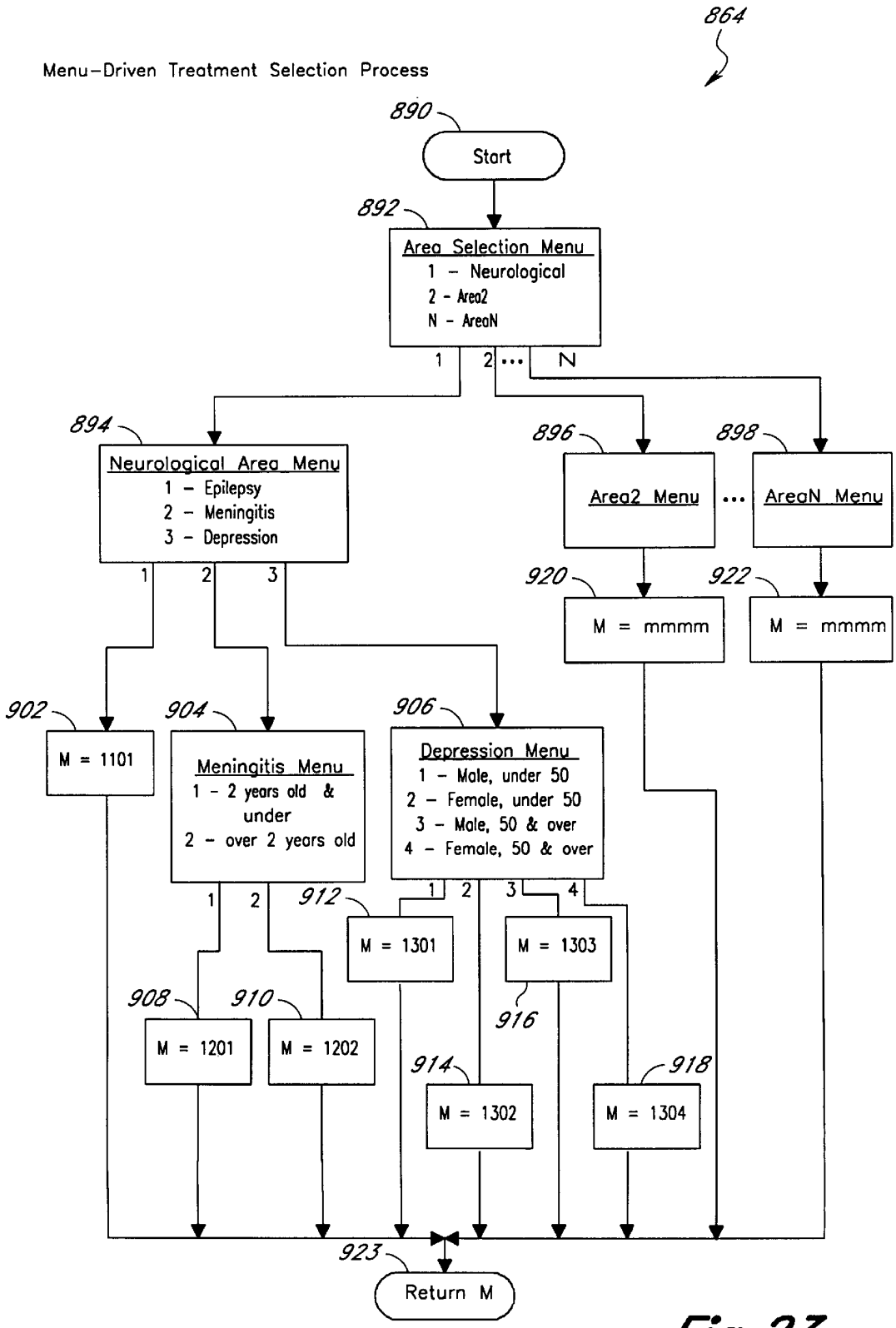
Menu-Driven Treatment Selection Process
864
890
Start
892
Area Selection Menu
1 - Neurological
2 - Area2
N - AreaN
1
2
N
894
Neurological Area Menu
1 - Epilepsy
2 - Meningitis
3 - Depression
896
Area2 Menu
898
AreaN Menu
920
M = mmmm
922
M = mmmm
902
M = 1101
904
Meningitis Menu
1 - 2 years old & under
2 - over 2 years old
906
Depression Menu
1 - Male, under 50
2 - Female, under 50
3 - Male, 50 & over
4 - Female, 50 & over
912
M = 1301
M = 1303
916
908
M = 1201
910
M = 1202
914
M = 1302
918
M = 1304
923
Return M

Fig. 23

TABLE 3

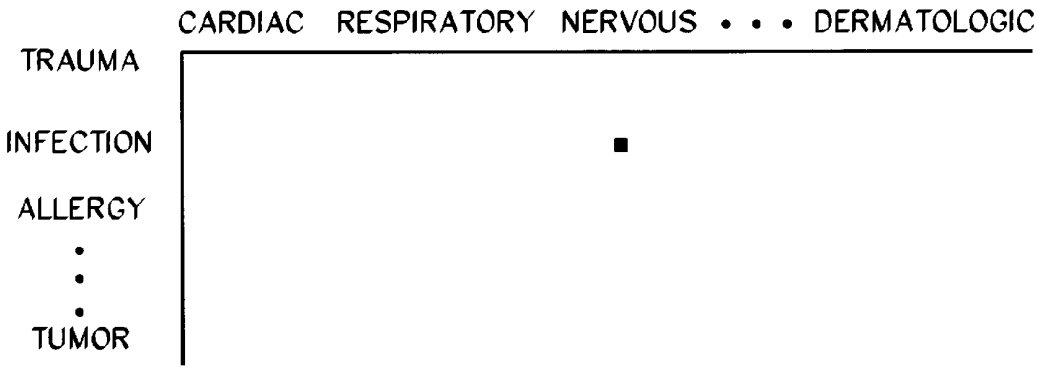

FIG. 24

TABLE 4

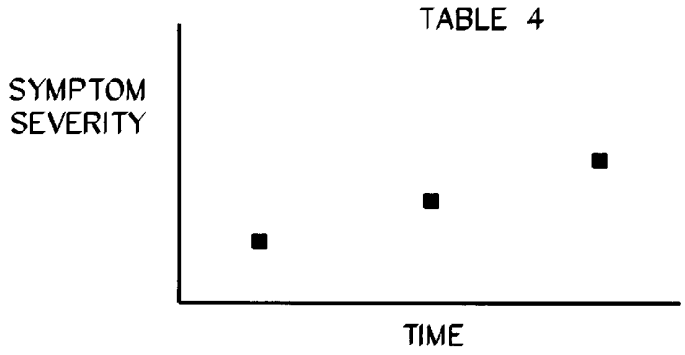

FIG. 25

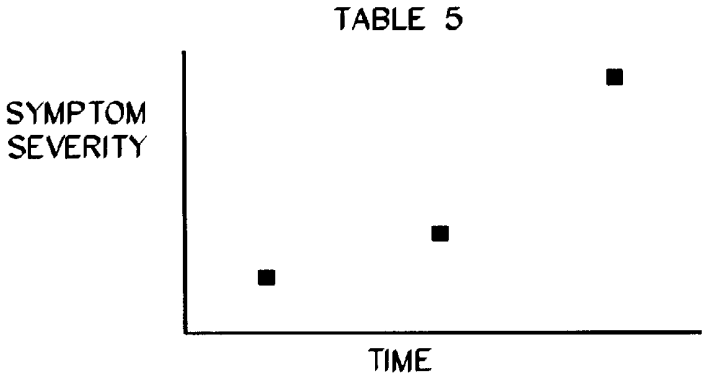
TABLE 5
SYMPTOM SEVERITY
TIME

FIG. 26

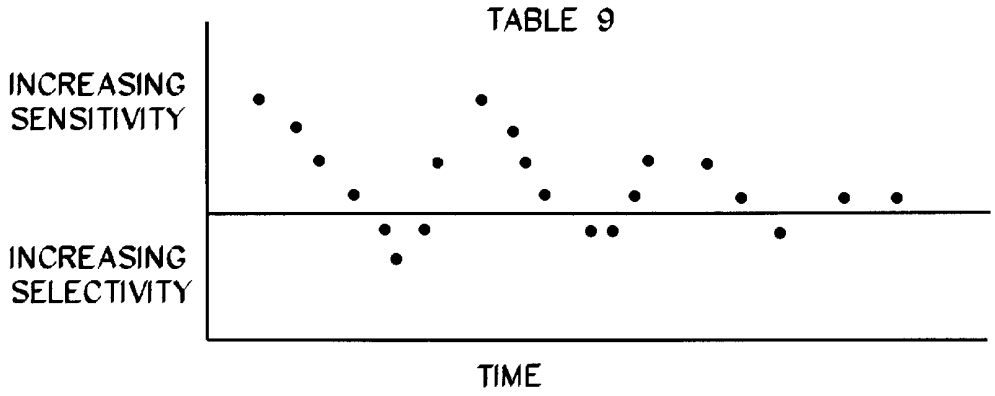
TABLE 9
INCREASING SENSITIVITY
INCREASING SELECTIVITY
TIME

FIG. 27

COMPUTERIZED MEDICAL DIAGNOSTIC AND TREATMENT ADVICE SYSTEM

Matter enclosed in heavy brackets [ ] appears in the original patent but forms no part of this reissue specification; matter printed in italics indicates the additions made by reissue.

RELATED APPLICATIONS

This *application is a reissue of U.S. Pat. No. 6,113,540, which* is a divisional application of U.S. application Ser. No. 09/088,940, filed Jun. 2, 1998, *now issued as U.S. Pat. No. 6,071,236, which is a divisional of U.S. application Ser. No. 08/866,881, filed May 30, 1997, now issued as U.S. Pat. No. 5,910,107,* which is a divisional of U.S. application Ser. No. 08/176,041, filed Dec. 29, 1993, for "COMPUTERIZED MEDICAL DIAGNOSTIC AND TREATMENT ADVICE SYSTEM", to Iliff, now issued as U.S. Pat. No. 5,660,176, each of which is hereby incorporated by reference. This application additionally claims the benefit of the filing date *as a continuation-in-part* of U.S. application Ser. No. 08/176,857, filed Dec. 29, 1993, for "COMPUTERIZED MEDICAL DIAGNOSTIC SYSTEM INCLUDING META FUNCTION", to Iliff, now issued as U.S. Pat. No. 5,724,968; and, *as a continuation-in-part of* U.S. application Ser. No. 08/176,858, filed Dec. 29, 1993, for "COMPUTERIZED MEDICAL DIAGNOSTIC SYSTEM INCLUDING RE-ENTER FUNCTION AND SENSITIVITY FACTORS", to Iliff, now issued as U.S. Pat. No. 5,594,638, each of which is also hereby incorporated by reference.

MICROFICHE APPENDIX

A Microfiche Appendix containing computer source code was attached in the original application. The Microfiche Appendix comprises 9 sheets of microfiche having 454 frames, including one title frame.

The Microfiche Appendix contains material which is subject to copyright protection. The copyright owner has no objection to the reproduction of such material, as it appears in the files of the Patent and Trademark Office, but otherwise reserves all copyright rights whatsoever.

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present invention relates to medical knowledge systems and, more particularly, to systems for giving medical advice to the general public over a telephone network.

2. Description of the Related Technology

Health care costs currently represent 14% of the United States Gross National Product and are rising faster than any other component of the Consumer Price Index. Moreover, usually because of an inability to pay for medical services, many people are deprived of access to even the most basic medical care and information.

Many people delay in obtaining, or are prevented from seeking, medical attention because of cost, time constraints, or inconvenience. If the public had universal, unrestricted and easy access to medical information, many diseases could be prevented. Likewise, the early detection and treatment of numerous diseases could keep many patients from reaching the advanced stages of illness, the treatment of which is a significant part of the financial burden attributed to our nation's health care system. It is obvious that the United States is facing health-related issues of enormous proportions and that present solutions are not robust.

One prior attempt at a solution to the health care problem is called Ask-A-Nurse, wherein a group of nurses provide health information by telephone around-the-clock. A person with a medical problem calls an 800 number and describes the problem to the nurse. The nurse uses a computer for general or diagnostic information on the ailment or complaint mentioned by the caller. The nurse may then refer the caller to a doctor from a computerized referral list for a contracting hospital or group of hospitals. Client hospitals contract with Ask-A-Nurse to provide patient referrals. A managed care option called Personal Health Advisor is similar and adds the capability for the caller to hear prerecorded messages on health topics 24 hours a day. Several problems exist with these prior medical advice systems. First, these systems have high costs associated with having a nurse answer each telephone call. Second, the caller may have to belong to a participating health plan to utilize the service. Third, if for some reason all nurses on a particular shift happen to be busy and the caller has an emergency condition (that is not known by the caller to be an emergency), precious time in getting emergency services may be lost during the delay.

Another prior health system was developed by InterPractice Systems which provides a computerized service that answers health care questions and advises people in their homes. A health maintenance organization (HMO) may provide this service to its members in a particular geographic area. To get advice at home, an HMO member connects a toaster-sized box to a telephone and calls a toll-free 800 number. Using a keyboard that is part of the box, the user answers questions displayed on a screen of the box relating to the user's symptoms. Depending on the answers, the user might be told to try a home remedy, be called by a nurse or doctor, or be given an appointment to be examined. A limitation of this system is the additional expense of the electronics box, which could either be purchased by the user for approximately $300 or purchased by the health organization with the expense to be passed on to the users. Another limitation is that this service is directed to members of a particular contracting health organization, such as an HMO. What is desired is a system that does not require additional hardware for the basic service, but that utilizes the existing communication network. The desired system should be available for use by any person, not just members of a certain organization.

A prior attempt at a health care solution for a limited set of conditions is described in U.S. Pat. No. 4,712,562. A patient's blood pressure and heart rate are measured and the measurements are sent via telephone to a remote central computer for storage and analysis. Reports are generated for submission to a physician or the patient. U.S. Pat. No. 4,531,527 describes a similar system, wherein the receiving office unit automatically communicates with the physician under predetermined emergency circumstances.

U.S. Pat. No. 4,838,275 discloses a device for a patient to lay on or sit in having electronics to measure multiple parameters related to a patient's health. These parameters are electronically transmitted to a central surveillance and control office where a highly trained observer interacts with the patient. The observer conducts routine diagnostic sessions except when an emergency is noted or from a patient-initiated communication. The observer determines if a non-routine therapeutic response is required, and if so facilitates such a response. As previously mentioned, highly trained people are needed by this system along with the special measurement apparatus (embedded in a bed or chair).

Other prior attempts at a health care solution are typified by U.S. Pat. No. 5,012,411 which describes a portable self-contained apparatus for measuring, storing and transmitting detected physiological information to a remote location over a communication system. The information is evaluated by a physician or other health professional. As before, highly trained people are necessary to utilize such an apparatus.

Several services to provide medical or pharmaceutical advice are now available via "1-900" telephone numbers, e.g., "Doctors by Phone." These services are available 24 hours a day and 7 days a week. A group of doctors, including some specialties, is available to answer questions about health care or medical conditions for people anywhere in the United States who call the "1-900" telephone of one of the services. A group of registered pharmacists answers questions about medications for the "1-900" pharmaceutical service.

SUMMARY OF THE INVENTION

The present solution to the health care problem is a computerized medical diagnostic and treatment advice (MDATA) system that is a medical knowledge-based system designed to give medical advice to the general public over the telephone network. The goal of the MDATA system is to provide everyone with equal access to high quality, 100%-consistent medical advice at a reasonable cost. The MDATA system provides callers with extremely fast and virtually unlimited access to health care information, twenty-four hours a day, from any location around the world. Health care advice is made available to an entire spectrum of users, from elderly patients confined to their homes to travelers in a foreign country with telephones in their cars.

The central ideas leading to the development of the MDATA system are based on the following assumptions:

- Nearly 90% of all patient complaints are confined to approximately 100 medical problems.
- Almost all primary care decisions involved in these 100 problems can be made based upon information learned solely by obtaining a detailed medical history. The results of the physical examination, laboratory, and imaging studies only tend to confirm a diagnosis.
- The minimal amount of information that many doctors believe can only be obtained from the physical examination can actually be directly acquired from the patient when given appropriate instructions.
- In most cases, a face-to-face interaction between the doctor and patient is not necessary. A detailed and well-constructed history, along with physical findings elicited from the patient, can be obtained over the telephone.
- Medicine is basically diagnosis and treatment. Although treatment recommendations change frequently, the fundamental principles of making the diagnosis do not.
- There is a significant delay between the time a new therapy is recognized as safe and effective and the time physicians are able to provide it to their patients.

These central ideas are utilized in the implementation of the MDATA system.

A goal of the MDATA system is to give better medical advice than a family practitioner who is unfamiliar with a patient, e.g., an on-call physician. A person seeking medical advice frequently will not be able to see or speak with his or her personal physician in a timely manner. The MDATA system provides medical advice whenever desired by the caller—seven days a week/24 hours a day.

All previous medical algorithms, including those used in the military, are designed for face-to-face interactions. Self-help books generally do not consider age and sex in their algorithms. Furthermore, a book cannot take into account how many times a person has consulted the same algorithm within a short period of time for the same problem. The medical algorithms used by the MDATA system are designed for use in a telecommunications setting and overcome the deficiencies of self-help books.

Previous medical advice systems do not do a time-density analysis for a number of factors with regard to the number of complaints per unit of time. The MDATA system uses "meta" functions to perform these analyses.

Previous medical advice algorithms do not have a way of detecting the consciousness level of the person seeking consultation. The MDATA system invokes a "mental status examination" whenever a complaint or problem has the possibility of an altered level of consciousness. In addition, the MDATA system uses "semantic discrepancy evaluator loops" which allow the system to invoke the mental status exam if there are differences in answers to the parallel threads of thought that are woven or embedded into the system.

Other medical advice systems do not have a "re-enter" feature to monitor a patient's progress or worsening over time. The MDATA system checks for and responds to changing conditions over time.

Prior medical advice systems suffer from the inability to be nearly instantly up-dated as new medical information is made available. The MDATA system regularly and frequently updates the treatment aspect of the system.

The computerized medical diagnostic and treatment advice (MDATA) system is a medical knowledge-based system designed to give medical advice to the general public over the telephone network. Using a new authoring language, interactive voice response and speech recognition technology, the MDATA system encodes a highly useful core of expert and general practitioner diagnostic and treatment knowledge into a computerized system for access by non-medically trained personnel.

The MDATA system does not provide advice for every medical problem, nor does it make an exhaustive study of one vertical cross-section of medicine. Instead, the MDATA system provides up-to-date medical advice for approximately one hundred of the most commonly encountered problems in general practice and emergency medicine. It also provides valuable information to the public on any number of other medical topics.

As another embodiment of the MDATA system, a person desiring medical advice and having access to a personal computer (PC) loads a program into the PC to produce a stand-alone medical diagnostic and treatment advice (SA-MDATA) system. Rather than listening to questions and responding via touch tone keypresses or via voice, the user responds to questions and directions displayed on the computer screen via a computer input device, such as a keyboard or mouse. The diagnosis and/or treatment recommendations provided by the MDATA system are the same as that provided by the SA-MDATA system. The user of the SA-MDATA system can procure updates by contacting the MDATA system sponsor/administrator to obtain the most current treatment table information for a particular diagnosis.

One aspect of the present invention includes a medical diagnostic and treatment advice system for providing information to a patient, comprising (a) a computer; (b) an input device, connected to the computer, to receive information from the patient; (c) an output device, connected to the computer, to provide information to the patient; and (d) a plurality of medical complaint algorithms selectively executed based on at least a portion of the received information, wherein any

one of the medical complaint algorithms scores at least a portion of the received information and diagnoses a medical condition associated with the executed medical complaint algorithm if the score exceeds a threshold, wherein the diagnosed medical condition is communicated to the patient.

Another aspect of the present invention includes a computerized method of providing information to any one of a plurality of patients for use in a medical diagnostic and treatment advice system, the method comprising selectively executing at least one of a plurality of medical complaint algorithms; accessing a patient medical history during the evaluation process, wherein the patient medical history comprises a plurality of files, each patient associated with at least one unique file, wherein the patient medical history is persistently stored; determining medical advice particular to a medical condition associated with one of the medical complaint algorithms through communication with a selected one of the patients and with information stored in the patient medical history; and providing the medical advice to the selected patient.

Yet another aspect of the present invention includes a method of providing information to a patient for use in a medical diagnostic and treatment advice system comprising a computer, wherein an input and an output device connect to the computer, the method comprising: transmitting information to the patient by the output device; receiving information from the patient by the input device; selectively executing one of a plurality of medical complaint algorithms based on at least a portion of the received information; scoring at least a portion of the received information; and diagnosing a medical condition associated with the executed medical complaint algorithm based upon a comparison of the score and a threshold.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. **1** is a block diagram illustrating the components of a presently preferred embodiment of the computerized medical diagnostic and treatment advice (MDATA) system of the present invention;

FIG. **2** is a diagram of the off-line process used in producing the speech files shown in FIG. **1**;

FIG. **3** is a diagram of the Node Translation process used in creating files for use by the system of FIG. **1**;

FIG. **4** is a diagram of some of the files and components of FIGS. **1** and **3** that are utilized at run time;

FIG. **5**a is a diagram of the utilization of the files shown in FIG. **3** at run time;

FIGS. **5**b-**5**g are an exemplary sequence of data structures of the system shown in FIG. **1** at run time;

FIG. **6** is a block diagram illustrating a conceptual view of the database files and processes of the system of FIG. **1**;

FIGS. **7**a, **7**b, **7**c and **7**d are a top-level flow diagram of the MDATA system of FIG. **1**;

FIGS. **8**a and **8**b are a flow diagram of the patient login process **250** defined in FIG. **7**a;

FIGS. **9**a and **9**b are a flow diagram of the patient registration process **252** defined in FIG. **7**a;

FIGS. **10**a and **10**b are a flow diagram of the evaluation process **254** defined in FIG. **7**d;

FIGS. **11**a and **11**b are a flow diagram of the meta function **500** defined in FIG. **10**b;

FIGS. **12**a and **12**b are a flow diagram of the assistant login process **272** defined in FIG. **7**b;

FIGS. **13**a and **13**b are a flow diagram of the assisted patient login process **276** defined in FIG. **7**b;

FIGS. **14**a and **14**b are a flow diagram of the assistant registration process **274** defined in FIG. **7**b;

FIGS. **15**a and **15**b are a flow diagram of the assisted patient registration process **278** defined in FIG. **7**b;

FIGS. **16**a and **16**b are a flow diagram of the mental status examination function **508** defined in FIG. **10**b;

FIG. **17** is a flow diagram of the semantic discrepancy evaluator routine (SDER) **510** defined in FIG. **10**b;

FIG. **18** is a flow diagram of the past medical history routine **512** defined in FIG. **10**b;

FIG. **19** is a flow diagram of the physical self examination function **514** defined in FIG. **10**b;

FIG. **20** is a flow diagram of the patient medical condition routine **516** defined in FIG. **10**b;

FIG. **21** is a flow diagram of the symptom severity analysis function **518** defined in FIG. **10**b;

FIG. **22** is a flow diagram of the treatment table process **256** defined in FIG. **7**d;

FIG. **23** is a flow diagram of the menu-driven treatment selection process **864** defined in FIG. **22**;

FIG. **24** is Table 3, a two dimensional array of causes of diseases plotted against anatomical systems;

FIG. **25** is Table 4, an exemplary plot of symptom severity versus time;

FIG. **26** is Table 5, another exemplary plot of symptom severity versus time; and

FIG. **27** is Table 9, a plot of sensitivity and selectivity versus time.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

The following detailed description of the preferred embodiments presents a description of certain specific embodiments to assist in understanding the claims. However, the present invention can be embodied in a multitude of different ways as defined and covered by the claims.

For convenience, the following description will be outlined into the following 22 principal sections: Introduction, System Overview, Operating Features of the MDATA System, Authoring Language, Run-Time Operation, Software Structure, Top-Level Flow, Login Process, Registration Process, Evaluation Process, The Meta Function, Mental Status Examination, Semantic Discrepancy Evaluator Routine, Past Medical History Routine, Physical Self Examination, Symptom Severity Analysis, Treatment Table, The MDATA System Paradigm, Video Imaging, Benefits of the MDATA System, Optional System Configuration, and Summary of Advantages of the Present Invention.

I. Introduction

A consultation for a person seeking medical advice begins with a telephone call to the medical diagnostic and treatment advice (MDATA) system of the present invention. The MDATA system asks the caller specific questions and then analyzes each response.

Voice recognition and interactive voice response technology allow callers to respond to yes/no and multiple choice questions either by speaking directly into the telephone or by using the touch tone pad of their telephone.

Easy access to the information in the MDATA system is made possible by a natural user interface. The computer-driven dialogue consists of simple yes/no and multiple choice questions. The questions and treatment recommendations are very simply worded yet skillfully designed to reflect the accumulated experience of many physicians in conducting patient interviews.

Although all the MDATA system's questions are designed to be easily understood, unforeseen situations will inevitably arise. For this reason, hierarchical staffing is implemented. As an example, for every 10 telephone lines, one operator fully trained in triage and the MDATA system will be available. For every 10 operators there will be one registered nurse in attendance; and for every 10 registered nurses, there will be one physician in attendance. Staffing requirements are adjusted as the system is refined toward optimal efficiency. The MDATA system does not require the operator or the registered nurse to make any medical decisions.

II. System Overview

Referring to FIG. **1**, the components of a presently preferred embodiment of the computerized medical diagnostic and treatment advice (MDATA) system **100** of the present invention are shown. A personal computer (PC) **102** includes a plurality of components within an enclosure **104**. A plurality of telephone lines **106** interface the public telephone network **108** to the computer **102**. As an example, one of telephone lines **106** is shown to be switched via network **108** to connect with a telephone **110** that is used by a person desiring medical advice (user) **112**. Throughout this document, the words user, caller and patient are used interchangeably. However, it will be understood that the caller may be acting as a proxy for the patient. If this is the case, the caller will be registered as an assistant for the patient.

The hardware and system software were assembled with two basic concepts in mind: portability to other operating systems and the use of industry standard components. In this way, the system can be more flexible and will allow free market competition to continuously improve the product, while, at the same time, decrease costs. While specific hardware and software will be referenced, it will be understood that a panoply of different components could be used in the present system.

The system currently runs on the PC **102** with an Intel 80486 microprocessor. "Telephony" functions use Dialogic Corporation's D/41D voice processing board **122** based on a digital signal processor (DSP). The voice processing (VP) board **122** performs several functions including interfacing the telephone lines, decoding touch tone signals, speech recording and speech playback. Touch tone signals are also known as "dual tone multiple frequency" (DTMF) signals. A group of one to four telephone lines **106** connect to the VP board **122**. The computer **102** may include a plurality of VP boards **122** based on how many phone line connections are desired for the system **100**. Speech recognition is achieved using Voice Processing Corporation's speech recognition VPRO-4 board **124** (also DSP based). The voice recognition (VR) board **124** performs several functions including recognizing utterances and returning an index number of a recognition confidence level. The VR board **124** and the VP board **122** both connect to an industry standard architecture (ISA) bus **126**. The ISA bus **126** interconnects the microprocessor **120** with a plurality of peripherals through controller circuits (chips or boards).

The VP board **122** also connects to a VPRO-Adapt board **128** via an analog audio bus **130** that is called Analog Extension Bus. Four simultaneous channels provide a 96 kbit/second data transfer rate. Each channel corresponds to a telephone line connected to the VP board **122** and is associated with a current patient consultation. The Adapt board **128** further connects to a digital audio bus **132**. The VR board **124** also connects to the digital audio bus **132**. The Adapt board **128** performs analog to digital signal conversion to a VPC-proprietary digital pulse code modulation (PCM) format. The digital bus **132** can accommodate 32 channels and has a data transfer rate of 2.048 Mbits/second.

The computer ISA bus **126** has a plurality of peripherals connected to it through adapters or controllers. A video adapter board **136**, preferably at VGA or better resolution, interconnects to a video monitor **138**. A serial communication circuit **140** interfaces a pointing device, such as a mouse **142**. A parallel communication circuit may be used in place of circuit **140** in another embodiment. A keyboard controller circuit **144** interfaces a keyboard **146**. A small computer systems interface (SCSI) adapter, such as model 1542C made by Adaptec, provides a SCSI bus **150** to which a 500 Mb or greater hard disk drive **152** and dual Bernoulli 150 Mb disk drives are preferably attached. The hard drive **152** stores database files such as the patient files, speech files, and binary support files.

A main memory **156** connects to the microprocessor **120**. In the presently preferred embodiment, the MDATA system **100** operates under DOS version 5.0 operating system **158**. The system software is written in Microsoft CC++ version 7.0 using structured programming techniques. An algorithm processor **160** includes a parser and supporting functions that manipulate a memory variable symbol table and a run time stack, which will be described hereinbelow. Sequiter Software Inc. Codebase 5.0 allows access to X-base compatible database records stored on the hard drive **152**. The MDATA system **100** also includes two new authoring languages (one each is used in two embodiments of the system), which will be discussed hereinbelow.

The system software includes the following code modules for which source code is included in the attached Microfiche Appendix:

A. main.c—a collection of functions that mostly deal with telephony functions, such as answering the phone line, speech file playback, and DTMF tone collection. Global data structures are defined here.

B. base.c—functions that invoke the CodeBase revision 5.0 library to perform xbase file manipulation.

C. pars.c—the parse function, and supporting functions that manipulate the memory variable symbol table and run time stack.

D. regi.c—an on-line patient registration module.

E. resp.c—gets the caller's responses, either DTMF or voice, and figures out what to do next by obeying a command (e.g., "repeat" or "backup"), or traversing through the algorithm node map.

F. term.c—a useful collection of text phrases for Dialogic and VPC board termination events and error codes.

G. user.c—"non-diagnostic" portions of the caller session: initial screening questions, caller login, and the next node playback initiator.

H. util.c—a collection of general purpose functions shared by a run time executable, a node editor and ASCII translator tools.

I. view.c—a module that controls the graphics system display.

J. x10.c—an X-10 computer interface routine for fault recovery.

K. xlat.c—a module linked with pars.c and util.c object modules to build xlat.exe, a stand-alone translation executable for offline ASCII text file translation.

The application is compiled with the Microsoft graphics, Dialogic board, VPC board and CodeBase database libraries.

The Voice Processing Corporation (VPC) VPro-4 VR board has eight voice recognition channels, which by default are associated one-to-one with the Dialogic D/41D channels.

VPC's pioneering work in the voice processing field is in the area of continuous speech. This allows a person to speak a multiple digit number in a natural manner, without pausing after each digit. VPC supplies two continuous speech vocabularies: one vocabulary contains the digits 1 through 9, plus "zero" and "oh", and the other contains just the two words "yes" and "no". The vendor-supplied digits continuous speech vocabulary is used by the system **100**. In the presently preferred embodiment, if the score is 75% or better, the response is unconditionally accepted. If the score is between 20% and 74%, the digits recognized are read back, and the caller is asked to accept or reject the digits. In another embodiment of the system **100**, the above score thresholds are implemented as tunable parameters. The scoring parameters are stored in a configuration file that is manipulated off-line by a utility program and is read by the run-time system at initialization.

VPC also provides a few discrete vocabularies. Discrete vocabularies contain one or two word utterances. The vendor-supplied discrete speech vocabulary of the months of the year is used in the on-line patient registration process. A speaker-independent discrete speech vocabulary consisting of the words "yes", "no", "backup", "continue", "help", "operator", "pause", "quit" and "repeat" has been developed using a very powerful set of utilities supplied by VPC, Scripter and Trainer. These utilities are for collecting samples and training the vocabulary.

The VR board **124** has the minimum of two MB memory installed. The default memory configuration has a partition for both continuous vocabularies and a partition for one discrete vocabulary. Additional discrete vocabularies may be downloaded if the on-board memory is reconfigured.

The VR board **124** has four digital signal processors (DSP's) from which VPC derived eight voice recognition channels. Each of these eight recognition resources is referred to as a VPro Speech Processor (VSP). Discrete vocabulary recognition requires one VSP; continuous vocabulary recognition requires two adjacent VSP's. The MDATA system **100** has a VSP resource manager in the resp.c software module. This resource manager allocates VSP's in a dynamic manner to VP board **122** channels on a demand basis. As soon as the system receives a response, voice or DTMF, it releases the VSP's associated with the caller's VP board **122** channel.

The MDATA system **100** uses VPC's application programming interface (API) for the C programming language. This makes the application vendor specific to VPC, but also allows the system **100** to utilize all the powerful API features, e.g., on-line creation of discrete speaker dependent vocabularies used for voice pattern matching or voice printing.

The VPC API supports both continuous speech vocabulary (CSV) and discrete speech vocabulary (DSV) recognition.

The voice processing (VP) board **122** supports speech recording and playback, as well as touch tone (DTMF) signal detection and decoding. A device driver, associated with the VP board **122**, is loaded into system memory during load operations. The device driver supports communications between the VP board **122** and the application code at run time (e.g., when a person is seeking medical advice). Through a shared memory segment, the device driver sends event and status data to the application code in real-time as events occur on the associated telephone line. These events include the ring of an incoming call, touch tone key pressed by the caller, and the hang-up signal. The VP board **122** plays back speech messages that are stored on the hard drive **152**. The algorithm processor **160** sends a selected speech file having an encoded speech message that is retrieved from the hard drive **152** to the VP board **122** at the appropriate time for speech message playback. A speech message can be of variable length with a typical message about one to two minutes in length. Several speech messages may be chained together to produce an extended spoken message, e.g., giving instructions to the patient. During speech file playback, the VP board **122** is monitoring touch tone response from the caller. The VP board **122** may be configured to interrupt speech file playback when a touch tone signal is detected.

System Operating Contexts

The system has an activity flag in the port status block for each patient currently using the system to keep track of which state the associated VP board channel is in:

a. Idle Mode—an idle channel waiting for a telephone call;
b. Login Mode—a condition where a patient is in the login process;
c. Registration Mode—a condition where a patient is in the registration process;
d. Real Mode—a condition where a patient is consulting for an actual medical problem;
e. Info (Information) Mode—a condition where a patient is consulting for information or a hypothetical situation;
f. Pause Mode—a patient-initiated pause condition;
g. Pending Mode—similar to Real mode except that new medical information gathered for a patient is not automatically added to the patient's medical record, but rather written to a "Pending" file where it will be verified off-line by a staff person.

Voice Keywords and DTMF Command Keys

The system is responsive to the following voice keywords and DTMF keys when it is in a prompting state, i.e., not in response to a menu message:

Voice	DTMF
yes	1 Useful for answering yes/no questions.
no	2
backup	# Causes the system to back up to the "predecessor" message (see below), then resume playback.
help	* Plays helpful information: either the node's help message list, or the DTMF command explanation message.
operator	0 Causes the system to transfer the caller to a live person.
pause	7 Transitions to pause mode. The system default pause period is 30 seconds.
quit	9 Quits the current algorithm, and takes the caller to node 110, which asks the caller if (s)he wishes to select another algorithm.
repeat	3 Repeats the current node's play message list. If this command is given in the middle of long play list, then playback restarts with the first message in the list.
Pause Mode Commands	
yes	1 Extends the pause period by one default pause interval (30 seconds).
continue	2 Ends pause mode. If this occurs at a Yes/No node, the system will repeat the question. If this occurs at a Link node, the system will resume playback with the "current" message. The system resolves the DTMF digit "2" ambiguity, "no" versus "continue", by examining the pause mode flag.

FIG. **2** illustrates how speech files are created. A person programming medical algorithms uses speech messages to communicate with the person seeking medical advice. As previously mentioned, these speech messages are of variable length. The programmer typically writes a script for the speech message. Then using the handset of the telephone **110**, a speakerphone feature, or other voice-input device, e.g., a microphone, the programmer reads the script into the voice-input device which is connected to the VP board **122**. The VP board converts the speech into a digital format and records the

digitized speech to a file that is stored on the hard drive **152**. In the presently preferred embodiment, a subdirectory named vox contains the system speech files, and subdirectories for each medical algorithm. System speech files are of the form sysxxx, where xxx is some arbitrarily assigned number. The system messages are used by the "fixed" parts of the system, e.g., greeting, login process, registration process. There are a few speech files of the form msgxxx. These are the past medical history questionnaire messages, and response acknowledgements. There are additional speech files of the form msgxxxx in each of algorithm subdirectories, where xxxx generally matches the node number, which will be explained hereinbelow. Node messages include information, question, menu and help messages.

III. Operating Features of the MDATA System

One of the MDATA system's main objectives is to bring together highly-qualified medical experts, encode their knowledge in a central location, and make it available to everyone. A new and unique authoring language is used by the MDATA system to help accomplish this objective.

Each day, specialists perform the same tasks over and over. They enact the same diagnostic ritual of solving a familiar problem. At the same time, however, primary care physicians attempt to find the best path through the diagnostic maze of an unfamiliar problem. This process is inefficient and fraught with error.

In medicine, there is generally one best way to do things. Instead of physicians spending valuable time duplicating tasks, the MDATA system utilizes medical experts from each medical specialty who write detailed algorithms for the treatment of the 100 or so most commonly encountered complaints in family practice and emergency medicine. These algorithms are carefully and specifically designed to elicit historical data and physical findings over the telephone, rather than in face-to-face interactions.

Several experts could work together to thoroughly research one particular complaint as well as to anticipate the full spectrum of possible problems and patient responses. These experts could also provide and maintain the MDATA system treatment table as well as the imaging modality of choice and laboratory test of choice tables. These concepts will be described hereinbelow.

Carefully crafted questions, used in the taking of a medical history, are the main tools that the MDATA system uses to assess the problems of patients. The key to getting a good history is to ask the right questions. In a sense, in the diagnostic process questions are like tests. It is important to note that the right questions are basically always right; they don't change. Although they may be refined over time, in general, once excellent and well-crafted questions are developed they are good for a very long time. Of course, as new diseases are discovered, e.g., toxic shock syndrome and AIDS, new sets of diagnostic questions are developed that are disease specific.

The questions used by an earlier generation of physicians, who did not have any of the latest imaging modalities (types or methods), are far more sensitive and precise in diagnosing a patient's problem than the questions used by doctors today. The MDATA system makes use of fine nuances of language to diagnose patients as well as to determine when certain tests or imaging studies are necessary.

The MDATA system's statistic generating capabilities enable the system to analyze the effectiveness of the questions used in the diagnostic process. As a result, physicians benefit from the immense amount of statistical information that is gathered regarding the wording of questions asked in taking medical histories. For example, exactly what percentage of patients who answer "yes" to the question, "Is this the worst headache of your life?" actually have a subarachnoid hemorrhage? Although this is a classic description of this problem, the exact probability of having this kind of brain hemorrhage after answering "yes" to this question is not presently known.

Currently, doctors can only estimate the probability of certain conditions based on history. By applying the statistical information that is generated, the MDATA system not only provides the patient with advice that is continually improving, but it will also be able to pass along these probabilities to the entire medical community.

To function optimally, the MDATA system tries to gain as much medical information about its patients as possible. Although a first-time caller is given excellent advice, more specific advice can be given if the system has more information. Therefore, the MDATA system asks patients for their complete medical history. The MDATA system can either obtain the patient's medical record over the telephone or it can mail or fax a detailed questionnaire to each patient. The patient can then gather the necessary information at their convenience. The MDATA system will always be available by telephone to clarify any questions the patient may have.

The MDATA system uses the "International Classification of Diseases" (ICD■9■CM) codes to help summarize the information it has about a patient. This world standard is a comprehensive numerical system used to classify the entire spectrum of medical diseases. ICD■9■CM codes are also used to classify specific procedures performed (e.g., appendectomy) as well as the morphology of neoplasm (i.e., tissue diagnosis of a cancer).

In addition, the MDATA system **100** uses ICD■9■CM "E-Codes" to classify environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. These codes are particularly helpful for storing information about what drugs the patient has taken or is currently taking, as well as the context (e.g., therapeutic use, accident, poisoning, suicide attempt) in which they were or are being taken. For example, E942.1 is the code for the therapeutic use of digoxin. Medications are also cross-categorized according to the classification done by the American Hospital Formulary Service List (AHFS) Numbers. The MDATA system **100** also uses "V-Codes" to classify other types of circumstances or events such as vaccinations, potential health hazards related to personal and family history, and exposure to toxic chemicals.

It is estimated that the alphanumeric component of a patient's medical history will not exceed 1,000 atoms or pieces of information. An atom is considered herein to be a separate identifiable data item or point. With this assumption, the medical records of every person on the planet could currently be stored on approximately 1,000 optical disks.

While a patient interacts with the MDATA system, the system is constantly determining what questions to ask, based upon the information it has about the patient. Just as a physician gathers relevant pieces of information from his or her dialogue with a patient, the MDATA system flags and later stores all pertinent pieces of information that it learns from each interaction with its patient. Therefore, certain questions, because their answers remain the same, need not be repeated. For example, if the MDATA system learns that a patient's mother has suffered from migraine headaches, it will never have to ask for this information again.

Again, the more information the MDATA system has about a patient, the more specific is its advice. It is not uncommon for the MDATA system to give different advice to different patients calling for the same complaint. In other words, the

advice given is patient-specific. Not only can the MDATA system's advice be different for different patients, but there are times when the advice given to the same patient (calling for the same complaint but at different times) is different. For example, one of a group of functions called "meta" keeps track of the number of times the MDATA system has been consulted for the same problem. Once a threshold is reached, the MDATA system advises the patient that the number of consultations alone, for the same complaint, may signify a problem. The system then makes an appropriate recommendation.

Before the MDATA system stores any information, the system verifies its accuracy. To accomplish this task, "confirmation loops" are used. Any piece of information that will become a part of the patient's medical record is sent through a confirmation loop where the system asks the patient to verify the accuracy of the information that the system has collected. The confirmation loop enables the system to verify new patient information and make corrections before it enters this information into the patient's medical record.

IV. Authoring Language

The MDATA system uses a new authoring language that is specifically designed to allow medical knowledge to be encoded into a usable computer program. The presently preferred voice response or telephony version of the MDATA system is written in object-oriented Microsoft C\C++ version 7.0. This allows the MDATA system to easily interface with industry-standard database programs, including those that are SQL-based, as well as to be portable to other operating systems. The operating system is transparent to the user.

Before the development of the MDATA system's authoring language, there was no practical way for medical experts to encode their knowledge into a meaningful, useful, and accessible structure. Although other computer languages have been used to build medical expert systems, they have almost always required a knowledge engineer and a programmer to be involved. Quite often, the knowledge encoded in these systems could only be accessed and fully understood by physicians. Typically, the programmer would try to translate the doctor's diagnostic skills and treatment rules into computer code. This separation of the physician's knowledge from the encoded treatment recommendations often engendered anxiety in the physician and has, at times, led to inaccurate treatment recommendations.

The MDATA system's authoring language, however, is designed to allow physicians to transfer their knowledge into a computer program that can be directly accessed by non-medically trained personnel. Recursive and iterative techniques are used to acquire the knowledge from the expert and assemble it in a way that allows it to be immediately transposed into the MDATA system's algorithms. Because of the simple interface of the language, and because a formula for writing the algorithms has already been developed, physicians who are not computer literate can encode their knowledge as well as understand exactly how that process takes place.

The MDATA system's authoring language allows flat information to be restructured into a hierarchical or layered format in which the arrangement of the knowledge conveys meaning. Thus, a textbook description of a disease can be transposed into a form that allows useful treatment recommendations to be made.

The new language also allows the formation of a structure in which multiple overlays of screening questions, combined with the application of recursive techniques, sequentially exclude some diagnoses while at the same time reaching treatment recommendations. The MDATA system's simplicity and elegance would not be possible without the new language.

The MDATA system's authoring language allows an algorithm programmer to retrieve information from a patient's medical record, request additional information from the patient, and guide the flow of algorithm execution based on medical history and the patient's responses. The language allows the programmer to implement an algorithm in a natural scripted style.

The course of an algorithm is determined by caller responses to questions that the MDATA system asks. For simple "yes/no" questions, the flow of interaction can be described by a binary tree. Multiple-choice questions (e.g., menus) provide multiple branches in the tree. Each question can be considered a node, and the acceptable responses to this question are branches leading to the next question (node). Using this abstraction of an algorithm, one can draw a directed graph (also known as a node map) of the nodes and branches of an algorithm, beginning with the initial question, and ending with all possible terminal points.

The node table is built in this manner:

1. An author develops an algorithm.
2. The algorithm is broken up into separate nodes.
3. A directed graph is drawn up, which is a flow chart of the algorithm's operation.
4. Each node's definition is entered into the MDATA system, either by:
   a. using an ednode utility to write each node's definition into the system's machine readable node table, or
   b. using an xlat utility to translate an ASCII file of human-readable node definitions into the system's machine readable node table.

Several example node maps are included in the attached Microfiche Appendix.

Referring to FIG. **3**, a process for translating a medical algorithm written in the authoring language will be described. FIG. **3** illustrates an ASCII (American Standard Code for Information Interchange) format text file **170** as an input to a translation utility **172**. An ASCII file can be created by use of a text editor or a word processing program (may need to export to the ASCII format). The ASCII file **170** contains node definitions conforming to the syntax briefly described hereinbelow and more thoroughly described in the attached Microfiche Appendix. An example node definition text file **170** for Headache is included in the Microfiche Appendix.

The purpose of the ASCII node definition translator utility **172** (xlat.exe, along with functions in pars.c and util.c) is to convert a human-readable document into a machine readable format that the MDATA system reads at run time to process an algorithm. This utility **172** may be considered to be a preprocessor; the translation must be accomplished prior to run time. The translation utility **172** is listed in the Microfiche Appendix.

The output of the utility **172** is a set of binary (NOD_BLK) records written to a node table **174** (filename of node.fos), and a set of binary list files **176** (in a subdirectory \list\listxx\xxyy, where xx is the first two digits of the node number, and yy are the last two digits). Four list files **176**a-**176**d are shown as an example. Each "list" file, e.g., **176**a, contains a "next" table (i.e., the 'next node after this one'), a message play list for this node, and a "work" list (i.e., one or more "things to do" at this node before beginning speech playback). The binary record written to the node table **174** (node.fos) has fields containing the node number (which is redundant; the record's position in

this file also indicates the node number), the node's "type" attribute (Menu, Link, Prompt, Yes/No, Return, Hangup) and a parent node number.

The node table **174** is a table of 10,000 NOD_BLK records. This table **174** is indexed by a node number, e.g., the fiftieth record corresponds to node **50**. The contents of the individual node records may be viewed by selecting "Display Node" while running the ednode utility. The node records are modified by either using the ednode utility, or when translating node definitions from ASCII to the node file with the xlat utility.

One of the following keywords is necessary as the first item on each line, but only one keyword is accepted per line; any excess information will be discarded.

Node The Node keyword denotes the beginning of a new node and defines the node number.

Parent The Parent keyword defines the parent of the node being defined.

Type The Type keyword defines the class of the node being defined. Acceptable type names are:

Menu This node presents a multiple choice question.

YesNo This node presents a simple Yes/No type question.

Link No caller response is required at this node, algorithm processing will continue at a predetermined node.

Prompt This node requests some numeric information from the caller. The information is placed in a DTMF buffer which is then stored in the next node.

Return Returns from a subroutine call (e.g., after configuring a past medical history object).

Hangup The system will release this caller after it finishes speech file playback, or if the caller interrupts playback with a DTMF key press.

Wait nn This node will play the message list, then pause for the specified nonzero number of seconds before continuing.

@ The @ keyword defines the action to be taken for a response to either a Menu or YesNo type node.

Digits The Digits keyword is used in conjunction with Type Prompt to indicate the maximum number of DTMF digits to collect from the caller.

Play The Play keyword defines a play list of one or more messages to be played at this node.

Help The Help keyword defines a play list of one or more messages containing useful hints for interacting with the system. These messages provide helpful instructions for a new or confused caller.

Next The Next keyword defines the next node to jump to after the node being defined. It is used in conjunction with node types Link and Prompt.

Work The Work keyword indicates a sequence of one or more operations to perform when arriving at the node being defined. This processing occurs before speech playback begins.

A select set of math functions, relational operators, and nested if-then-else statements are supported. A pound sign ('#') or a hyphen ('-') in the first position on a new line will cause the translator to skip over the rest of the line. This is useful for inserting comments, or delimiting between individual node definitions. The translator also disregards blank lines.

In order for a node to be properly defined, a minimum number of keywords must be present for each node, and other keywords must be included depending on the node type. The minimum keyword set for a properly defined node is:

Node, Parent, Type, and Play.

Dependency rules:

(1) The Menu type requires at least an @ 1 line and an @ 2 line.

(2) The YesNo type requires an @ 1 and an @ 2 line (@ 3, etc. are ignored).

(3) The Link type requires a Next line.

(4) The Prompt type requires a Digits line and a Next line.

The first keyword in a node definition must be Node. The other keywords may be given in any order. The next occurrence of the Node keyword will invoke a completeness test. If the completeness test is successful, then the node definition is saved in machine readable (binary) format, and translation continues with the new Node line. A set of reserved language keywords is listed in Table 1.

TABLE 1

Reserved language keywords (case insensitive):

@	link	return
and	menu	test
digbuf	meta	then
digits	next	type
else	node	wait
essf	parent	write
flush	play	work
hangup	pop	xor
help	prompt	yesno
if	push	
keep	reenter	

V. Run-Time Operation

Referring to FIG. **4**, the run time interaction among the hardware and software components of the MDATA system **100** will be described. As previously mentioned, algorithm processor **160** includes the parser and supporting functions that manipulate the memory variable symbol table and the run time stack. For a selected medical algorithm, a node record is read from the node table **174** and a list file is read from the plurality of list files **176**. The algorithm processor also interacts with the Vpro voice recognition (VR) board **124** for speech recognition and with the Dialogic voice processing (VP) board **122** for speech playback and DTMF detection. The VP board **122** further is interconnected with a set of speech files **180** that are stored on a portion of hard disk **152** and with one of the telephone lines **106** that connects via the telephone network **108** (FIG. **1**) to the patient's telephone **110**. The VR board **124** further connects with the voice print vocabularies **182**, previously described, also stored on a portion of hard disk **152**. The algorithm processor **160** utilizes the speech recognition, speech playback, and DTMF detection resources as directed by the medical algorithm that is retrieved from the node table **174** and the list files **176**. Referring to FIGS. **4**, **5**a and **5**b, several data structures are utilized at run time. These data structures are described as follows:

A. Port Status Block (PSB). A port status block is created at run time for each VP board **122** channel. The PSB contains flags, buffers and tables that hold the state information of the channel, retain responses from the caller, and keep track of where to transfer control in response to voice recognition and telephony events. The PSB keeps track of whether the caller prefers to use spoken or touch

tone responses, the caller's last response, the number of consecutive errors the caller has made, and other context sensitive parameters.

B. Node Block. This structure **196** contains the node number, the type attribute (link, menu, yes/no, hangup, prompt, wait, return) and pointers to:

a. Help list—a Play list of help information;

b. Play or Message list—a list of one or more messages or speech files to play in sequence at each node;

c. Next table or list—contains entries for each possible response to a yes/no or menu node that are evaluated at run time to determine the next node to branch to; and

d. Work list—things to do before message playback starts.

The load_node( ) routine **194** in util.c builds the node block structure **196** in memory by first reading in a node record **190** from the node table **174**. Then linked lists are attached to the pointers help, play, next and work. These lists come from the list files **176**, in subdirectory path \list\listxx\xxyy, where xxyy is the node number, wherein each list file **192** is associated with a unique node.

C. Symbol Table. Each patient has their own associated symbol table. A portion of a symbol table **212** is shown in FIG. **5**b. The symbol table is loaded at run time with memory variables that hold patient specific data (age, sex, and items from medical history) and algorithm specific data. The items in the symbol table can be flagged for storage to the patient's medical history.

D. Run Time Stack (RTS). Each Dialogic VP board **122** channel has a RTS associated with it. The RTS is used by the parser. The algorithm programmer can push to and pop from the RTS, e.g. to temporarily store a value of a variable.

The work list has the non-playback tasks that are performed at each node. There is one work list for each node, and it is identified with the work keyword in the ASCII node definition file. The work list may be empty. Each time the system transits to a new node, it will execute the work list. If the patient repeats a node, the system will not execute the work list again; it will simply replay the message(s). If the patient requests the system **100** to back up the node map, the system will execute the work list of the node it backs up to. Typical tasks in the work list involve manipulating objects on the run time stack or in the symbol table, testing for the presence of memory variables, configuring past medical to history or current medical condition objects, or writing database records. An example of a complex work list follows:

"Test OBJECT2; Phone=DIGBUF; Push Age"This example tests for the presence of a patient record object labelled "OBJECT2", loads the contents of the digit buffer into memory variable Phone, and pushes the value of memory variable Age onto the run time stack.

Each node has the "next" table or list. The next list indices range from 1 to 9, inclusive. The next list contains either a single node number, or an if expression. For all node types, except the Hangup node, there will be at least one next list:

Link and Prompt nodes: the next node is stored at table index **1**.

Yes/No node: the next node for the Yes response is stored at table index **1**, and the No response is stored at index **2**. This corresponds to the prompt, "if the answer is yes, press 1; if no, press 2."

Menu node: the response number and the table index are the same. Even though the actual data structure has a '0' index in the C programming language, this index is not used in the next table because a '0' response is reserved for operator assistance.

Following is an example of a next list:

"If Male and Age>55 then 100 else 200" is interpreted as: If the patient is both male and over 55 years old then go to node **100** else go to node **200**.

Speech files **180** may be of an arbitrary length. A message may be informational, a list of menu options, or a yes/no question. A "two paragraph" or "under one minute" limit has been adopted as a style convention for the presently preferred embodiment. Typically, a node is programmed as a sequence of Yes/No nodes, with "informational" Link nodes interspersed as needed. When there is a lengthy discussion, the speech is recorded in multiple files. To simplify algorithm programming and enhance readability (viz., eliminate long chains of link nodes), the Link node's play list may contain up to ten message numbers.

Upon arrival at a Link node, the system positions a "current message" pointer at the beginning of the play list (trivial case: single message play list; interesting case: multiple message play list). As playback proceeds, the current message pointer moves down the play list. After the system plays the last message on the list, it moves on to the next node.

If the caller issues a "backup" command, the system will move the current message pointer back one message, and resume playback. If the pointer was at the beginning of the list (e.g., trivial case), the system backs up to the previous node and places the current message pointer at the beginning of the play list. If there is more than one message in the list, the system cues the pointer to the last message in the list. The system then resumes playback. In the "pause" mode, when the caller issues the "continue" command, the system will resume playback at the current message.

The MDATA system **100** uses three basic operating modes:

A. Real Mode—involves an actual medical problem. In this mode the system **100** loads the past medical history, saves new past medical history objects, and writes a meta record for each algorithm consulted. The medical algorithm programmer is responsible for providing code to jump past meta analysis in Information mode.

B. Information Mode—involves a "what if" scenario. In the Information mode the system **100** disregards past medical history, does not save newly configured past medical history objects, does not write a meta record for each algorithm consulted, and does not perform meta analysis. The patient has an option in Information mode to change the age and sex parameters to emulate a hypothetical patient.

C. Pending Mode—handles the situation when a patient's voice sample does not match the patient's reference sample. Pending mode is utilized also when an assistant is interacting with the MDATA system **100** on behalf of a patient and both the assistant's and the patient's voice samples fail the voice printing test. In the case where the assistant's voice sample fails the voice printing test but the patient's voice sample passes the test, Pending mode is not utilized. In Pending mode, the MDATA system **100** considers the patient's medical history and performs meta analysis during this consultation. However, a meta record is not written for this consultation and any new medical information gathered on this patient will not be written to the patient's medical record. The new medical information is written to a "Pending" file. The Pending file is verified off-line by a system administrator or staff person, and then is added to the patient's medical record only if the information can be verified.

One of the drawbacks of the traditional doctor-patient relationship is the short amount of time that physicians are able to spend with patients. The MDATA system **100**, however, allows patients as much time as they wish to learn about their problem as well as to obtain information on any number of other medical topics.

Through the "Information mode" feature of the MDATA system **100**, callers can learn about a disease process, an illness or the latest treatment for any disease, without adding any information to their personal medical record. Although the system **100** keeps track of the interaction, it is labeled as an "Information mode session." The record of the caller's path through the system is not used as the basis for any future advice, nor is it considered in generating system statistics.

The Information mode is not limited to complaints for which the MDATA system **100** offers medical advice. Information about early detection and treatment of many other diseases as well as the latest advances in medicine can be made available through the Information mode.

Referring to FIGS. **5**b through **5**g, as an example, a run time sequence of steps of how a patient may traverse a main menu node map several steps into a chest pain algorithm node map will be described. A portion of the main menu node map with associated script, and of the chest pain algorithm node map with associated script is included in the Microfiche Appendix. Six nodes with a portion of an associated symbol table will be discussed.

At FIG. **5**b, the algorithm processor **160** loads the first node #**100**, represented by node block **210**. The variables for Age, Sex, and Real mode were loaded into the symbol table **212** during the login process (which will be described hereinbelow). Throughout this example, the help list is empty, i.e., no help information is played for the patient. The work list sets the Problem variable of the symbol table **212** to be Menu. Then the system **100** begins playback of message#**100**. This message gives the patient a menu of choices to choose from. The Digits entry equal to one means that a one digit response is expected from the patient. The patient may respond by pressing a touch tone (DTMF) key on the telephone or speak the choice response into the telephone handset microphone. In this example, the patient selects menu option "1". The parser evaluates the Next list based on the patient selection and branches to node #**101**.

At FIG. **5**c, the algorithm processor **160** loads node #**101**, represented by node block **214**. The work list is empty, so the system **100** goes right to playing back message#**101** which presents another menu of choices to the user. The Next list has four nodes for possible branch points. In this example, the patient selects menu option "1" for a chest pain complaint. The parser evaluates the Next list based on the patient selection and branches to node #**2200**.

At FIG. **5**d, the algorithm processor **160** loads node #**2200**, represented by node block **218**. The work list command is to update the value of Problem in symbol table **220** to CCHP (chest pain). Then the system **100** begins playback of message#**2200**. No response is required from the patient for a Link type node. The Next list has two nodes for possible branch points depending on the value of symbol table variable Real. The parser evaluates the If expression in the Next list for the value of Real and, in this example, branches to node #**2201**.

At FIG. **5**e, the algorithm processor **160** loads node #**2201**, represented by node block **222**. The work list command is to write a Meta consultation record for future use by a Meta function. The play list is empty so no message is played. No response is required from the patient for a Link type node. The main purpose of this node is to write the Meta consultation record (because the system is currently in Real mode for this patient). The Next list has only one node so no decisions are necessary by the parser which, in this example, branches to node #**2205**.

At FIG. **5**f, the algorithm processor **160** loads node #**2205**, represented by node block **226**. The work list is empty in this node so the system **100** goes right to playing back message#**2205** which presents a yes/no type of question to the user. The Next list has two nodes for possible branch points depending on the response of the patient. In this example, the patient responds "no", and the parser evaluates the Next list based on the patient selection and branches to node #**2210**.

At FIG. **5**g, the algorithm processor **160** loads node #**2210**, represented by node block **230**. The work list is empty in this node so the system **100** goes right to playing back message#**2210** which presents a yes/no type of question to the user. The Next list has two nodes for possible branch points depending on the response of the patient. If the patient answers "yes" to the question, the parser branches to node #**2211**, but if the patient answers "no" to the question, the parser branches to node #**2215**.

VI. Software Structure

Referring to FIG. **6**, the system utilizes eight principal, separate processes and seven related databases. A patient login process **250** is used by the system **100** to identify a patient who has previously registered into the system by prompting for a patient identification number (PIN). An assistant login process **272** is used by the system **100** to identify an assistant who has previously registered into the system by prompting for an assistant identification number (AIN). An assisted patient login process **276** is used by the system **100** to identify a patient who has previously registered into the system by prompting for the patient identification number. If the caller is the patient, a patient registration process **252** is used by the system to register new or first-time patients. If the caller is not the patient, an assistant registration process **274** is used by the system to register new or first-time assistants. Then, if the patient is not already registered, an assisted patient registration process **278** is used by the system to register the patient. These processes will be further described hereinbelow.

Once a caller has logged in or registered, the system provides a choice of two other processes in the current embodiment. The first of these processes is the evaluation process **254** that performs a patient diagnosis. The second of these is a treatment table process **256** to obtain current treatment information for a particular disease or diagnosis. In another embodiment, other choices are added to access other medical information processes.

Associated with these eight processes are a patient and assistant enrollment database **260**, a consultation history database **262**, a patient response database **264**, a medical history objects database **266**, a patient medical history database **268**, a pending database **269**, and a patient medication database **270** that are described as follows:

A. The master patient and assistant enrollment database **260** is created at run-time by one of the registration processes **252**, **274**, or **278**. This database **260** is read by the patient login process **250** or the assisted patient login process **276** to validate a patient's identity at login time and by the assistant login process **272** to validate an assistant's identity at login time. The database **260** is essentially a master file of all registered patients and assistants indexed by their patient ID number or assistant ID number, respectively. The patient ID or assistant ID,

date of birth and gender fields are entered by the on-line registration process; the system administrator manually enters the name of the patient or assistant in an off-line manner.

The patient and assistant database **260** contains one record for each patient or assistant. This database **260** is indexed by the identification number. The system appends the enrollment database **260** after a caller is successfully registered. The "next ID number" is stored in a binary file, config.fos, and is incremented after each successful registration. Each record has the following fields:

Field Name	Data Type	Width	Usage
ID	Numeric	10	ID number
TYPE	Character	1	User type: "P"—patient, "A"—assistant
ASST_PERM	Boolean	1	Permanent assistant flag
ASST_EXP	Date	8	Expiration for permanent assistant
RELATIONS	Pointer	20	Pointers to related patients/assistants
ORGZTN	Character	8	organization alphanumeric code
NAME	Character	20	Patient/Assistant name
SEX	Character	1	Gender
YEAR	Numeric	4	Year of birth
MONTH	Numeric	2	Month of birth
DAY	Numeric	2	Day of birth
ACCESS	Date	8	Last access
RV_PATH	Character	20	Path name of recorded voice file

B. The consultation history or meta database **262** is created at run-time by the evaluation process **254**. A consultation record contains alpha-numeric codes for the patient's complaint, the affected anatomic system and the diagnosed cause of the patient's complaint. When the meta function is invoked at run-time, it compares alphanumeric strings provided by the evaluation process with the fields of all the patient's meta records that fall within a time window specified by the evaluation process. The meta function returns the number of matches found, and an indication of the frequency of the patient's complaint.

Each patient has an individual meta file that is part of the consultation history database **262**. At the conclusion of the evaluation process and dependent on the run-time operating mode flag, the system will create a new meta record, populate its fields with the information gathered during the evaluation process, and append this record to either the consultation history database **262** or the Pending file **269**. For example, information used in the new meta record may come from a "Write Meta" command in a node Work list. Each record has the following fields:

Field Name	Data Type	Width	Usage
DATE	Date	8	Date stamp
PROBLEM	Character	5	Patient complaint/symptom
SYSTEM	Character	5	Anatomical system affected
CAUSE	Character	5	Diagnosed cause of complaint

C. The patient response database **264** is created at run-time by the evaluation process **254**. The response database **264** is an audit trail: each record is time stamped and registers the patient's response to each question. This database **264** can later be analyzed off-line with a database program such as FoxPro/FoxBase to reveal how the patient responded to questions during the evaluation process **254**, or a database program can be developed to gather response patterns and statistics and generate appropriate reports.

Each patient has a response trace file that is part of the patient response database **264**. The system **100** appends this response trace file with a response record every time the patient answers a question or provides algorithm-requested data. For human readability, the system also inserts "Begin Call" and "End of Call" records in this file. Each record has the following fields:

Field Name	Data Type	Width	Usage
DATE	Date	8	Date stamp MM/DD/YY
TIME	Character	8	Time stamp HH:MM:SS
NODE	Numeric	6	Current node number
TYPE	Character	5	Response type: DTMF or VOICE
RESP	Character	5	Response command or digit string
MODE	Character	1	Consultation operating context
VERSION	Character	20	Version or Begin/End call comment
SENS_FACT	Character	20	Current sensitivity factor settings

D. The medical history objects database **266** is an auxiliary database that supports a key feature of the MDATA system **100**: past medical history. The medical history objects database is a catalog of unique alphanumeric codes, each code corresponding to a medical condition or diagnosis that is not expected to change during the life of the patient (e.g., a diagnosis for asthma is coded as "RWHZAST").

In addition to the alphanumeric codes, the MDATA system **100** uses the "memo" field in a Foxpro database to store binary objects. Currently, these binary objects are clinical sounds obtained from the patient over the telephone.

It is anticipated, that as database technology gets more sophisticated (moving toward multi-media and so forth), it will allow storing of larger and more complicated binary files such as the following: a digitized x-ray, a digitized CAT scan, a digitized MRI scan. In addition, as video-telephone technology advances, it is anticipated that the system **100** will store video images or even holographic images of the patient.

For every past medical condition there is a record in the medical history objects database that contains the attributes of the medical condition, and contains a pointer into the past medical history questionnaire. The attributes of a medical condition include its data type (e.g., boolean or numeric) and the number of digit positions needed to store the value of a numeric value associated with this condition (not applicable to boolean type).

The pointer field is useful for obtaining medical history at run-time. If a patient has an incomplete medical history questionnaire on file with the MDATA system 100, then the pointer field allows the evaluation process to momentarily suspend the evaluation, go to the medical questionnaire and ask an individual question, collect and verify the patient's response, and then resume the evaluation process. This "ask-when-you-need-it" approach relieves the new patient of going through an exhaustive medical history questionnaire before the first consultation of the diagnostic process.

Each record of the medical history objects database has the following fields:

Field Name	Data Type	Width	Usage
LABEL	Character	8	Object code name
TYPE	Character	1	Object data type
DIGITS	Numeric	3	Maximum number of digits in response
CALL	Pointer	6	Identifies question(s) to be asked to configure this object
AUDIO	Binary	N/A	Voice print
IMAGERY	Binary	N/A	Face print
RFU	Character	20	(For future use)

E. The patient medical history (PMH) database **268** is created at run-time by the evaluation process **254** or by use of a past medical history questionnaire. The PMH database **268** is read by the evaluation process during run-time. This database **268** contains each patient's individual medical history. A new patient has an option to go through the entire medical questionnaire at one time, thereby configuring all the past medical history objects listed in the objects database **266**. Alternately, the new patient can bypass the questionnaire and go right into the diagnosis of a medical complaint. Then, if a medical algorithm required past medical history object that has not yet been configured, the evaluation process **254** invokes a past medical history function before it continues with the algorithm.

Each patient has their own past medical history file, which is part of the PMH database **268**, that contains records which describe medical events or conditions from the patient's life. The system **100** appends a record to this file each time a past medical history object is configured for the patient. The contents of this file are installed in the symbol table when the patient logs in to the system **100**. The medical algorithm programmer is responsible for using a TEST command to verify that necessary items are present in the symbol table before algorithm execution. A side effect of a negative TEST result is that the system **100** prompts the patient to provide that information. The system **100** flags any new or modified items, and asks the patient to confirm these values during an Exit Confirmation Loop which will be described hereinbelow. Each record has the following fields:

Field Name	Data Type	Width	Usage
LABEL	Character	20	The object's label
TYPE	Character	1	Object data type
VALUE	Character	10	Object's configured value
CERT	Numeric	3	Certainty of object's value
DATE	Date	8	Object configuration date
ICD9A	Float	5	First ICD-9 code
|	|	|	|
ICD9E	Float	5	Fifth ICD-9 code

F. The "Pending" database file **269** holds medical information gathered during Pending mode for offline verification. The Pending database record structure is the same as that used for the past medical history (PMH) database 268. The evaluation process writes to the Pending database at run-time when it configures a new past medical history object for a patient during a Pending mode interaction. The contents of the Pending database are reviewed off-line by a staff person, and if the information is verified, the staff person appends the information to the patient's past medical history file.

G. An optional patient medication database **270** contains a file for each patient containing information about medication they are taking, or have taken in the past. The medication database **270** is created by the evaluation process **254** at run time. A "Write Drug" command builds a record and fills its fields with same-named memory variables from the symbol table. The evaluation process **254** may read the medication database **270** during run time as needed. The treatment table **256** optionally reads the medication database **270** to determine the medication(s) being used by the patient.

Field Name	Data Type	Width
GENERIC_NAME	Character	20
TRADE_NAME1	Character	20
TRADE_NAME2	Character	20
TRADE_NAME3	Character	20
ICD-9-CM_CODE	Character	10
ICD-9-CM_ECODE	Character	10
ICD-9-CM_VCODE	Character	10
OTHER	Character	20
DOSAGE	Character	20
ROUTE_OF_ADMINISTRATION	Character	10
FREQUENCY	Character	10
USE	Character	20
START_DATE	Date	8
STOP_DATE	Date	8
OTHER1	Character	20
OTHER2	Character	20

VII. Top-Level Flow

Referring to FIGS. **7**a, **7**b, **7**c and **7**d, the top level flow **300** of the MDATA system **100** software will be described. The telephone number used to access the MDATA system **100** may vary in various embodiments of the system. If the sponsoring agency or hospital wishes to provide access to the MDATA system **100** at no cost to the caller, then a toll-free 800 service number can be used. If the sponsoring agency or hospital wishes to recover the costs of running the MDATA system **100** from the caller, it may use a pay-per-call or premium charge number (e.g., 900 service). "Current Procedural Terminology" (CPT-4) codes are available to describe and bill third party payers for telephone consultations. They are a listing of the descriptive terms and identifying codes for reporting medical services and procedures. CPT-4 codes are the most widely accepted nomenclature for reporting physician services to insurance companies.

Beginning at a start state **302**, a person **112** (FIG. **1**) desiring medical advice calls the telephone number for the MDATA system **100** on a telephone line **106**. The caller may be the patient or may be an "assistant", e.g., parent, relative, or friend, that is helping the patient. Moving to state **304**, the system **100** answers the call automatically and greets the caller **112** with an introductory greeting message by playing back a speech file stored on the hard drive **152** by use of the VP board **122**. Proceeding at state **306**, the MDATA system **100** asks each patient who calls the system a series of "initial screening questions." These questions are designed to identify patients who are critically ill; they are not designed to identify the patient's problem. The initial screening questions enable the system to filter out patients who require immediate medical attention.

Moving to decision state **308**, any patient found to be critically ill is instructed to dial the emergency response telephone number "911" at state **309** or will be automatically connected to the nearest emergency medical services system in the patient's area. The telephone call is terminated by the computer **102** at state **310**. The following are examples of initial screening questions:

IS THIS A MEDICAL EMERGENCY?

ARE YOU HAVING DIFFICULTY BREATHING?

ARE YOU EXPERIENCING SEVERE PAIN OR PRESSURE IN YOUR CHEST?

If the system determines that the patient is experiencing a medical emergency, it may provide the patient with a menu of emergency medical procedures at state **311**. In situations where the patient or the caller for the patient is far from the nearest emergency help, e.g., a rural setting, the caller may need to initiate emergency procedures immediately. The menu of emergency medical procedures provides several choices to the caller. If the caller presses touch tone key "1" or speaks the word "one" into the telephone mouthpiece, the computer **102** branches to state **312** wherein well known CPR (cardiopulmonary resuscitation) information is recited. If the caller has a speakerphone capability associated with the telephone **110** being used, the caller may be able to listen to and perform the instructions given by the system **100** in a hands-free manner away from the telephone. If the caller presses touch tone key "2" or speaks the word "two" into the telephone mouthpiece, the computer **102** branches to state **313** wherein well known Heimlich Hug information for choking is recited. At the completion of either state **312** or state **313**, the telephone call ends at state **314**.

If the patient is determined at state **308** not to have a medical emergency, i.e., the MDATA system **100** is satisfied that no immediately life threatening condition is present, the computer **102** moves to a decision state **315** to determine if the caller is the actual patient. If so, the computer **102** proceeds to a decision state **316** to determine if the patient has previously registered or ever consulted with the system **100**, i.e., is not a new or first-time caller. If so, the system **100** verifies the patient's identification and retrieves their medical record at the patient login process **250**, which will be further described hereinbelow. At the completion of process **250**, the computer **102** proceeds through off-page connector C **317** to state **344** (FIG. **7**d). If the patient is not registered, the MDATA system **100** proceeds to the patient registration process **252** for a new patient, which will be described hereinbelow. At the completion of process **252**, the computer **102** proceeds through off-page connector C **317** to state **344** on FIG. **7**d.

If the caller is not the patient, as determined at state **315**, the computer **102** proceeds through off-page connector A **318** to state **320** on FIG. **7**b. There will be times when the patient may not be able to use the MDATA system **100** directly, e.g., due to injury, weakness or altered level of consciousness. In these cases, an "assistant" may interact with the system on behalf of the patient.

An assistant registers with the system through the assistant registration process **274** which will be described hereinbelow. The assistant registration record is identical to the patient registration record in structure, but three fields have special significance for an assistant: ASST_PERM, ASST_EXP, and RELATIONS. The ASST_PERM field is a boolean flag that can only be set true off-line by the system administrator who has verified, through separate means, that a relationship exists between a patient and an assistant. The relationships are one-to-many, i.e., a patient may have one or more assistants, and an assistant may be related to more than one patient. The ASST_PERM flag may also be constrained by the ASST_EXP field, which contains a timestamp for the expiration of the ASST_PERM attribute. If the ASST_PERM flag is true, then the RELATIONS pointers will point to one or more patient records for whom this assistant is a "permanent assistant;" otherwise the RELATIONS field will be empty.

The medical information gathered during an assisted consultation is written to the patient's medical record only if the following three conditions are met:

(a) the assistant's ASST_PERM flag is True

(b) the ASST_EXP timestamp has not been reached

(c) the assistant has a relationship pointer to the patient record

If any of these conditions are not met, then any new medical information gathered on this patient will be saved to the Pending file **269** for off-line verification by the system administrator.

The system **100** establishes at state **315** whether the caller is the patient, or an assistant. If the caller is not the patient, then the system asserts that the caller is an assistant and, at a decision state **320**, determines if the assistant is registered. If the assistant is not already registered with the system, the system enrolls the new assistant at the assistant registration process **274**. If the assistant is already registered with the system **100**, the computer **102** performs the assistant login process **272**. At the completion of either process **272** or process **274**, the computer **102** advances to a decision state **321**.

If the patient is not already registered with the system **100**, as determined at decision state **321**, then the system allows the assistant to register a new patient at the assisted patient registration process **278**. However, if the patient is already registered with the system **100**, as determined at state **321**, the computer **102** performs the assisted patient login process **276**. At the completion of process **278** or process **276**, the computer **102** proceeds through off-page connector B **327** to a decision state **334** on FIG. **7**c.

At decision state **334**, the computer **102** determines if the patient's date of birth is in the patient's medical record. If so, the computer proceeds through off-page connector C **317** to state **344** on FIG. **7**d. If not, the system **100** attempts to get the patient's date of birth. Moving to state **335**, the system **100** asks the assistant if the patient's date of birth is known. If so, the computer **102** advances to state **336** to request the patient's date of birth. At state **337**, the system **100** recites the patient's date of birth obtained at state **336**. At a decision state **338**, the assistant determines if the date of birth is correct as recited by the system **100**. If not, the computer **102** loops back to state **336** to request the patient's date of birth again. If the patient's date of birth is correct, as determined at state **338**, the computer **102** flags the date of birth for saving in the patient's medical record at state **339**, and proceeds to state **344** on FIG. **7**d.

If the patient's date of birth is not known, as determined at state **335**, the computer **102** proceeds to state **340** wherein the system requests the assistant to provide an approximate age of the patient. The age is an important parameter used in the evaluation process **254** and treatment table **256**. At state **341**, the system **100** recites the patient's approximate age obtained at state **340**. At a decision state **342**, the assistant determines if the age is correct as recited by the system **100**. If not, the computer **102** loops back to state **340** to request the patient's approximate age again. If the patient's approximate age is correct, as determined at state **342**, the system **100** advises the assistant at state **343** to get the patient's actual date of birth before the next consultation, and proceeds to state **344** on FIG. **7**d. The system **100** uses the approximate age in the consultation during the evaluation process **254** and the treatment table **256**.

At state **344** on FIG. **7**d, the system **100** presents the caller with a system selection menu. Here, the caller is asked to select from among four choices: diagnostic system, treatment table, a future process/function, or end call as described below:

A. Diagnostic System: The system starts the evaluation process **254** at a menu, where it asks the patient to begin identification of the complaint.

B. Treatment Table: The system takes the patient to the treatment table process **256** at a menu, where it asks the patient to select a treatment selection method.

C. Future Process/Function: A future process or function **280**, undefined in the present embodiment, that reads and/or writes the databases shown in FIG. **6**.

D. End Call: The system performs several steps and then terminates the telephone call.

In either process **254** or **256**, the computer **102** functions as an interpreter as performed by algorithm processor **160** in following the node map created by the algorithm programmer. At the exit point of the evaluation process **254**, the system **100** gives the patient the option of selecting another complaint. At the end of the treatment table process **256**, the system gives the patient the option of selecting another treatment.

At the completion of the evaluation process **254**, treatment table process **256**, or future process **280**, the system **100** loops back to state **344** and recites the system selection menu to the caller. If the caller chooses the End Call selection at state **344**, the MDATA system **100** moves to a decision state **345**. At decision state **345**, the system **100** determines if process **254**, process **256**, or process **280** did not occur in Information mode, i.e., did occur in either Real mode or Pending Mode, and examines the patient's symbol table to determine if any of the configured memory variables are past medical history conditions that need to be saved to the patient's medical history file. If both conditions are true at state **345**, the system **100** advances to a decision state **346** to determine if the consultation is being performed in Real mode. If not, the consultation is being performed in Pending mode, and the system **100** then writes any new patient information obtained during the consultation to the Pending file **269**. If state **346** proves to be true, i.e., Real mode, for each past medical condition that needs to be saved, the MDATA system **100** asks the patient at state **348** to grant permission to save the datum to the patient's medical history file and to confirm that the datum is correct. For example, during a consultation for cough, the MDATA system **100** learned that the patient has been diagnosed as being HIV positive. The system **100** will ask, "May I record the information about your HIV diagnosis in your medical record?" If the patient responds "yes", then the system **100** will ask, "Please verify that your diagnosis for HIV was positive, is this correct?" If the patient responds "yes", then the system **100** writes this fact to the patient's medical history file. After confirmation, each data item is stored in the patient's file in the patient medical history database **268** (FIG. **6**).

At the completion of either updating the history database **268** at state **348**, state **345** proves to be false, or at the completion of state **347**, the system **100** moves to a decision state **349**. Before the MDATA system **100** ends the consultation with the patient, it presents a summary of all the advice it has given. The patient is asked to write down and repeat back the key points. The MDATA system **100** then gives the patient the option of receiving a summary of the consultation session and specific recommendations provided by the system by either facsimile or first class mail. If a fax is desired, the system **100** asks the patient for a fax number at state **350**. The patient also has the option to send a summary of the consultation to his or her health care provider or specialist. Proceeding to state **351**, the computer **102** adds the transcript of the current telephone session to a fax queue for subsequent transmission. At the completion of state **351** or if the system **100** determined at state **349** that the session transcript was not to be faxed, the telephone call is terminated at state **352**.

VIII. Login Process

Referring now to FIGS. **8**a and **8**b, the patient login process **250** defined in FIG. **7**a will be described. This process **250** is called if the patient has previously called and registered with the system **100**. Beginning at a start state **358**, the computer **102** moves to state **359** and initializes a match flag to true. The match flag is checked later in this process **250** in conjunction with setting the mode of the consultation. Proceeding to state **360**, the computer **102** prompts the patient for the patient ID (identification) number (PIN) that is assigned during the registration process. The patient registration process **252** will be described in conjunction with FIGS. **9**a and **9**b. Proceeding to a decision state **361**, the computer **102** determines whether the PIN is valid. If not, the computer **102** determines, at a decision state **362**, if less than three tries at entering the PIN have been attempted. If so, the computer **102** loops back to state **360** to repeat the request for the PIN. However, if three attempts at entering the PIN have been made, as determined at state **362**, the computer **102** plays a polite message that advises the patient that the login attempt failed and terminates the call at state **363**. The computer **102** reports the failed login attempt to the system administrator at the sponsoring agency, hospital or other organization. The patient is allowed to reregister as a new patient, however, to permit access to the needed medical information. The system administrator resolves this type of situation off-line.

If the patient has correctly entered a valid PIN, as determined at state **361**, the computer **102** moves to a decision state **364** to determine if the patient identified by the PIN has a voice print or sample voice waveform on file in the system **100**. If not, the computer **102** proceeds to state **365** to record the voice print of the patient, e.g. the patient's pronunciation of his or her full name. The patient's voice print may not be on file, for example, if the patient could not provide a voice print during the assisted patient registration process **278** in a prior consultation. At the completion of recording the voice print at state **365**, the computer **102** advances to state **366** wherein the match flag is set to false to indicate that the patient's voice print was recorded during the current login.

If the patient identified by the PIN has a voice print on file in the system **100**, as determined at state **364**, the computer **102** proceeds to state **367** and prompts the patient to pronounce his or her full name. Moving to a decision state **368**, the computer **102** determines whether the voice sample obtained at state **367** passes the matching criteria. If not, the computer proceeds to state **369** and recites a message that the current voice sample does not pass the matching criteria. In the presently preferred embodiment, the current voice sample is compared to the reference voice sample recorded during the patient registration process **252** or the assisted patient registration process **278**. Because the voice samples did not match, as determined at state **368**, the computer **102** sets the match flag to false at state **370**. In this case, the match flag is set to false to indicate that one of the security checking methods has failed. However, the process **250** continues at state **372** after the match flag is set to false at either state **366** or **370**.

If the voice sample passed the matching criteria at state **368**, the computer **102** advances to state **371** and recites a message that the current voice sample passed the matching

criteria. This security check condition is now satisfied, and the match flag remains set to true. At the completion of state **371** the computer **102** moves to state **372**. At state **372**, the computer **102** verifies the sex and age of the patient by reciting the sex and age, as stored in the enrollment database **260** (obtained during the patient registration process **252**), to the patient. At a decision state **373**, the patient responds to the correctness of the recited information. If the sex or birth date information is not correct, the computer **102** moves to state **374** to request the correct information. The computer **102** then proceeds back to state **372** to verify the information received at state **374**. If the result of the decision state **373** is true, i.e., the sex and age are correct, the computer moves through off-page connector A**375** to a decision state **376** on FIG. **8**b to determine if the patient desires to conduct the telephone session in Real mode or Information mode. If Information mode is desired, the computer **102** moves to a decision state **377** to determine if the patient's sex and age are to be used during the Information mode consultation. If not, the computer **102** moves to state **378** to request an age and sex to use in a hypothetical situation during the Information mode session. Moving to a decision state **379**, the computer **102** recites the sex and age obtained at state **378**, and asks the patient to confirm that this information is correct. If not, the computer **102** moves back to state **378** to request the age and sex again. When decision state **379** is true or the patient's age and sex are to be used during this consultation, as determined at state **377**, the computer **102** moves to state **380** and sets the operating mode to be Information mode.

If decision state **376** is determined to be Real mode, the computer **102** moves to a decision state **381** to check if the match flag is true. If not, the system **100** advises the patient, at state **382**, that the current consultation is to be performed in Pending mode. The operating mode is set to be Pending mode at state **383**. If the match flag is true, as determined at state **381**, the computer **102** sets the operating mode to be Real mode at state **384**.

At the completion of setting the operating mode at either state **380**, state **383**, or state **384**, the computer moves to a decision state **386**. At decision state **386**, the computer **102** determines if the patient desires to review the touch tone commands described during the registration process. If so, the computer **102** advances to state **388** and recites the touch tone commands. At the completion of state **388** or if the patient did not wish to review the touch tone commands, the computer **102** proceeds to a decision state **390** wherein the computer **102** determines if the patient desires to review the voice keywords described during the registration process. If so, the computer **102** advances to state **392** and recites the voice keywords. At the completion of state **392** or if the patient did not wish to review the voice keywords, the computer **102** proceeds to a decision state **394** wherein the computer **102** determines if the patient desires to enable prompting. If so, the computer **102** advances to state **396** and enables prompting. If not, prompting is disabled at state **398**. To "enable prompting" means that the patient would like to be prompted for responses. This is referred to as "hard" prompting, since this will remain in effect for the duration of the call. If hard prompting is off, and the system **100** has difficulty recognizing patient responses, the computer **102** turns on "soft" prompting. After the next successful recognition, the computer **102** turns off soft prompting. At the completion of state **396** or **398**, the computer **102** returns at state **400** to the top level flow (FIG. **7**).

Referring now to FIGS. **12**a and **12**b, the assistant login process **272** defined in FIG. **7**b will be described. This process **272** is called if the assistant has previously called and registered with the system **100**. Beginning at a start state **940**, the computer **102** moves to a state **942** and prompts the assistant for the assistant ID (identification) number (AIN) that is assigned during the registration process. The assistant registration process **274** will be described in conjunction with FIGS. **14**a and **14**b. Proceeding to a decision state **944**, the computer **102** determines whether the AIN is valid. If not, the computer **102** determines, at a decision state **946**, if less than three tries at entering the AIN have been attempted. If so, the computer **102** loops back to state **942** to repeat the request for the AIN. However, if three attempts at entering the AIN have been made, as determined at state **946**, the computer **102** plays a polite message that advises the assistant that the login attempt failed and terminates the call at state **948**. The computer **102** reports the failed login attempt to the system administrator at the sponsoring agency, hospital or other organization.

If the assistant has correctly entered a valid AIN, as determined at state **944**, the computer **102** proceeds to state **950** and prompts the caller to pronounce his or her full name. Moving to a decision state **951**, the computer **102** determines whether the voice sample obtained at state **950** passes the matching criteria. If not, the computer proceeds to state **952** and recites a message that the current voice sample does not pass the matching criteria. In the presently preferred embodiment, the current voice sample is compared to the reference voice sample recorded during the assistant registration process **274**. Because the voice samples did not match, as determined at state **951**, the computer **102** sets the operating mode to Pending at state **953**. In this case, Pending mode is set to indicate that one of the security checking methods has failed. However, the process **272** continues at state **960** on FIG. **12**b after Pending mode is set at state **953**.

If the voice sample passed the matching criteria at state **951**, the computer **102** advances to state **954** and recites a message that the current voice sample passed the matching criteria. This security check condition is now satisfied. Next, three additional checks are performed on the assistant identified by the AIN obtained at state **942**. At a decision state **955**, the computer **102** determines if the permanent assistant flag is true, as stored in the patient and assistant enrollment database **260**. If so, the computer **102** advances to a decision state **956** to determine if the expiration date for the permanent assistant is in the future, i.e., the expiration date has not been reached yet. If so, the computer **102** advances to a decision state **957** to determine if a relationship exists between the assistant and a patient, i.e., the assistant has a relationship pointer to the patient record. If so, the operating mode is set to Real at state **958**, and then the computer **102** advances through off-page connector A **959** to state **960** on FIG. **12**b. However, if any of the decision states **955**, **956**, or **957** prove to be false, the computer **102** moves to state **953** wherein the operating mode is set to Pending.

States **960** through **964** are similar to states **372** through **374** of the patient login process **250** (FIG. **8**). Because of this similarity, only significant differences are discussed in the interest of avoiding repetitiveness. States **960**, **962** and **964** verify the assistant's age and sex, rather than the patient as in states **372**, **373** and **374**. States **966** through **980** are similar to states **386** through **400** of the patient login process **250** (FIG. **8**b). The main distinction is that states **966-980** pertain to the assistant and states **386-400** pertain to the patient.

Referring now to FIGS. **13**a and **13**b, the assisted patient login process **276** defined in FIG. **7**b will be described. This process **276** is called if both the patient and the assistant have previously called and registered with the system **100**. This process allows the patient flexibility by permitting the assis-

tant to provide help during the login and subsequent consultation. Beginning at a start state **990**, the computer **102** moves a state **992** and prompts the assistant for the patient ID (identification) number (PIN) that is assigned during the registration process. As previously defined in FIG. **7**, the assisted patient registration process **278** is called if the patient is not already registered. Process **278** will be described in conjunction with FIGS. **15**a and **15**b. Proceeding to a decision state **994**, the computer **102** determines whether the PIN is valid. If not, the computer **102** determines, at a decision state **996**, if less than three tries at entering the PIN have been attempted. If so, the computer **102** loops back to state **992** to repeat the request for the PIN. However, if three attempts at entering the PIN have been made, as determined at state **996**, the computer **102** plays a polite message that advises the caller that the login attempt failed and terminates the call at state **998**. The computer **102** reports the failed login attempt to the system administrator at the sponsoring agency, hospital or other organization. If the assistant doesn't know the PIN and the patient cannot provide it, the assistant is allowed to reregister the patient as a new patient at process **278** to permit access to the needed medical information. In this case, the assistant may have to estimate the age of the patient if the patient has, for example, an altered state of consciousness. The system administrator resolves the record-keeping in this situation off-line.

If the assistant has correctly provided a valid PIN to the system **100** at state **994**, the computer **102** moves to a decision state **993** to determine if the patient identified by the PIN has a voice print or sample voice waveform on file in the system **100**. If not, the computer **102** moves to a decision state **1003** to determine if the patient can provide a voice sample. If not, the computer **102** proceeds through off-page connector B **997** to state **1008** on FIG. **13**b. If the patient can provide a voice sample, as determined at state **1003**, the computer **102** moves to state **995** to record the voice print of the patient, e.g. the patient's pronunciation of his or her full name. The patient's voice print may not be on file, for example, if the patient could not provide a voice print during the assisted patient registration process **278** in a prior consultation. At the completion of recording the voice print at state **995**, the computer proceeds through off-page connector B **997** to state **1008** on FIG. **13**b.

If the patient identified by the PIN has a voice print on file in the system **100**, as determined at state **993**, the computer **102** proceeds to state **999** and asks whether the patient can provide a voice sample to the system. If not, the computer **102** proceeds through off-page connector B **997** to state **1008** on FIG. **13**b. States **1000**, **1002**, **1004**, **1006** are similar to states **367**, **368**, **369**, **371**, respectively, of the patient login process **250** (FIG. **8**). Because of this similarity, only significant differences are discussed in the interest of avoiding repetitiveness. At the completion of state **1004**, i.e., the patient's voice sample does not pass the matching criteria, the computer **102** proceeds through off-page connector B **997** to state **1008** on FIG. **13**b. At the completion of state **1006**, i.e., the patient's voice sample does pass the matching criteria, the computer **102** proceeds through off-page connector A **1001** to state **1005** on FIG. **13**b.

At the completion of state **995**, i.e., the patient's voice print is recorded, state **999** or state **1003**, i.e., the patient cannot provide a voice sample, or state **1004**, i.e., the voice sample match fails, the system continues process **276** at state **1008** on FIG. **13**b. For the three situations just described in this process **276**, the computer **102** sets the operating mode to Pending at state **1008**. The system **100** then advises the caller at state **1009** that new patient information will not be saved to the patient's medical record because the consultation is in Pending mode until the information is verified off-line.

At the completion of state **1006**, i.e., the voice sample passes, the computer **102** continues process **276** at state **1005** wherein the operating mode is set to Real. The system **100** then advises the caller at state **1007** that new patient information will be saved to the patient's medical record.

At the completion of state **1009** or state **1007**, the computer **102** moves to state **1010**. States **1010**, **1012** and **1014** verify the patient's age and sex, similar to states **372**, **373** and **374** (FIG. **8**). States **1016** through **1030** are similar to states **386** through **400** of the patient login process **250** (FIG. **8**). The main distinction is that states **1016-1030** are directed to the assistant and states **386-400** are directed to the patient.

IX. Registration Process

Referring now to FIGS. **9**a and **9**b, the patient registration process **252** defined in FIG. **7**a will be described. This process **252** is called if the patient has not previously called and registered with the system **100**. During the first consultation, the MDATA system **100** obtains the patient's age and sex. This is the minimum amount of information that the MDATA system requires in order to give medical advice. The more information the MDATA system has about a patient, however, the more specific is its advice.

The MDATA system **100** assigns each of its patients a unique patient identification number. In addition, when a patient initially registers, the patient's own pronunciation of his or her name is recorded, digitized and saved to their medical record. Then, when the patient calls back, the previous recording is retrieved and the patient is asked to repeat their name exactly as they did during registration. The two recordings are then compared to see if they match. This use of "voice printing" helps to further ensure the security and confidentiality of a patient's medical record.

Beginning at a start state **420**, the computer **102** proceeds to state **422**, requests the sex of the patient, and verifies by repeating the response given by the patient. Moving to a decision state **424**, the patient responds by indicating to the system **100**, via touch tone key or a voice response, whether the repeated information is correct. If not, the computer **102** loops back to state **422** to request the information again. When the information is correct at state **424**, the computer **102** proceeds to states **426** and **428** to request and verify the birth date of the patient in a similar fashion to states **422** and **424**.

When the decision state **428** is determined to be true, the computer **102** proceeds to state **427** and requests the patient to pronounce his or her full name. Moving to state **429**, the full name is digitized and stored in a subdirectory on the hard drive **152** (FIG. **1**) indexed by a Patient Identification Number (PIN). File names are of the form: <PIN>.vox. The computer **102** accesses a file to retrieve the next available PIN. The path name to the recorded voice file is saved in the patient's record in the enrollment database **260**. In subsequent telephone sessions with the system **100**, the patient's voice waveform will be compared to the recorded voice waveform for security and other optional purposes. When the voice waveform is stored, the computer **102** moves to state **431** and provides the PIN to the patient. The patient is informed of the importance to save the PIN for use in future consultations with the system **100**.

At the completion of state **431**, the computer **102** moves to a decision state **430** to determine if the patient has a MDATA system user pamphlet available. If so, the computer **102** moves to state **436** and requests the patient to turn to the pamphlet page that documents the touch tone keys, voice

keywords, and modes. If not, the computer **102** moves to a decision state **432** to determine if the patient would like the system **100** to pause to enable the patient to get paper and a writing instrument for writing user instructions. If so, the computer **102** pauses at state **434** for 30 seconds. At the completion of the pause at state **434**, if the user did not desire a pause at state **432**, or after the patient is instructed to turn to the proper page of the pamphlet, the computer **102** proceeds to state **440** of FIG. **9**b via the off-page connector A **438**.

At state **440**, the system **100** provides an explanation of the touch tone keys to the patient. These keys were described above in relation to the discussion on Voice Keywords and DTMF Command Keys. Moving to state **442**, the computer **102** asks if the patient desires to hear the explanation of keys again. If so, the computer **102** repeats state **440**. If not, the computer **102** advances to state **444** wherein an explanation of the voice keywords is provided to the patient. These keywords were previously described above. Moving to state **446**, the computer **102** asks if the patient desires to hear the explanation of keywords again. If so, the computer **102** repeats state **444**. If not, the computer **102** advances to state **448** wherein an explanation of Real and Information modes is provided to the patient. These modes were previously described above. Moving to state **450**, the computer **102** asks if the patient desires to hear the explanation of the modes again. If so, the computer **102** repeats state **448**. If not, the computer **102** advances to state **452** wherein a summary of new user information is recited to the patient. The summary includes a recap of the two methods of controlling the system: voice key words and DTMF, and the two interaction modes: Real and Info. The computer **102** returns at state **454** to the top level flow (FIG. **7**).

Referring now to FIGS. **14**a and **14**b, the assistant registration process **274** defined in FIG. **7**b will be described. This process **274** is called if the caller is not a registered patient and has not previously called and registered as an assistant with the system **100**. States **1050** through **1090** are similar to states **420** through **454** of the patient registration process **252** (FIG. **9**). Because of this similarity, only significant differences are discussed in the interest of avoiding repetitiveness. States **1052**, **1056**, **1060**, **1062** and **1064** pertain to the assistant rather than the patient as in states **422**, **426**, **427**, **429** and **431** (FIG. **9**a), respectively. State **1060** records the assistant's pronunciation of his or her full name and state **1062** saves it in the patient and assistant enrollment database **260**. The system **100** provides an assistant identification number (AIN) at state **1064**. The AIN is used similarly to the PIN in the access of files or records. The remaining states **1066-1090** are directed to the assistant also.

Referring now to FIGS. **15**a and **15**b, the assisted patient registration process **278** defined in FIG. **7**b will be described. This process **278** is evoked if the caller is not the patient and the patient has not previously called and registered with the system **100**. States **1110** through **1150** are similar to states **420** through **454** of the patient registration process **252** (FIG. **9**). Because of this similarity, only significant differences are discussed in the interest of avoiding repetitiveness. The main difference is that the assistant is interacting with the system **100** on behalf of the patient during this process **278**, and therefore, the operating mode is set to Pending at state **1111** States **1112** and **1116** obtain the patient's sex and age, respectively. If the patient cannot provide the age to the assistant and the system, the assistant provides an estimated age. The estimated age can be corrected during a subsequent consultation with the system **100**. At state **1119**, the system **100** asks whether the patient can provide a voice sample of his or her full name. If so, the voice waveform is recorded and saved in enrollment database **260** (FIG. **6**) at states **1120** and **1122**. If the patient cannot provide a voice sample at state **1119**, the system **100** informs the assistant, at state **1121**, that the patient's voice sample will be requested during the subsequent consultation. Then, whether or not a voice sample is recorded, the system **100** provides a patient identification number (PIN) of the patient to the assistant and the patient (if coherent) at state **1123**. The caller is instructed to safeguard the PIN for future consultations by either the patient or the assistant on behalf of the patient. If the assistant and/or patient desires to hear the PIN again, as determined at a decision state **1124**, the computer **102** repeats the PIN at state **1123**. The computer **102** proceeds through off-page connector A **1125** to a decision state **1126** on FIG. **15**b. The remaining states **1126-1150** in process **278** are directed to the assistant rather than the patient, as in states **430-454** of process **252** (FIG. **9**).

X. Evaluation Process

Referring now to FIGS. **10**a and **10**b, the evaluation process **254** defined in FIG. **7**d will be described. This process **254** is called if the patient has selected the Diagnostic System choice in the system selection menu (FIG. **7**d, state **344**). Beginning at a start state **470**, the computer moves to state **471** and recites a identification method menu to request complaint identification. After the initial screening questions (state **306**, FIG. **7**a) are completed and a medical record (registration function **252**) has been opened, the MDATA system **100** asks the patient to describe the complaint. The identification of the patient's problem is one of the most important steps in the evaluation process. The system **100** has built-in safeguards to ensure that the patient understands the questions and that the MDATA system **100** understands the patient's complaint. For example, the system keeps tables of synonyms so that any problem regarding the semantics of a question or a response can be quickly resolved. The complaint may be identified in one of four ways: by anatomic system **472**, by cause **476**, by alphabetic groups **480** or by catalog number **482**.

The easiest and most frequently used way to identify the complaint is by anatomic system, i.e., "what system is your problem in?". Anatomic system **472** refers to basic body systems such as cardiovascular, respiratory, nervous system, digestive, ear/nose/throat, ophthalmology, gynecology/obstetrics, urology, blood/hematology, skin, and endocrine. After the patient has identified the anatomic system of their complaint, they are asked a series of "System Screening Questions" at state **473**. For each anatomic system, there are some symptoms or combinations of symptoms that, if present, would mandate immediate intervention, such that any delay, even to go any further through the menuing process, could cause harm. For example, if the patient has identified the cardiovascular system as the anatomic system in which his or her complaint lies (i.e., chest pain), the MDATA system **100** will ask the cardiovascular system screening questions. For example, the patient would be asked, "Do you have both pressure in your chest and shortness of breath? If these symptoms are present together, immediate intervention is necessary. With the thrombolytic agents that are available today, time is critical in order to save myocardial cells. Just a few minutes can mean the difference between being able to resuscitate a patient or not.

Therefore, at state **474**, the system **100** determines if a serious medical condition exists. If so, the system **100** moves to state **486**, plays a message that advises the patient to seek immediate medical attention and ends the evaluation process **254** at a terminal state **488**. If it is determined at state **474** that a serious medical condition does not exist, the system **100**

proceeds to a complaint menu at state **475** and recites a list of algorithms dealing with the problem that corresponds to the anatomic system selected. The patient then selects an algorithm from the list.

If the patient is not sure of the anatomic system, the system **100** attempts to identify the problem by requesting the cause. Cause **476** refers to a cause for an illness or disease such as trauma, infection, allergy/immune, poisoning, environmental, vascular, mental, genetic, endocrine/metabolic, and tumor. Once the patient has identified what they think is the cause of their problem (e.g., trauma, infection), the MDATA system **100** asks the "Cause Screening Questions" at state **477**. These questions are asked to make sure that the patient is not suffering from an immediate life-threatening problem. For example, if infection were chosen as the cause, the system would first rule out the possibility of epiglottitis or meningitis before proceeding. Therefore, at state **478**, the system **100** determines if a serious medical condition exists. If so, the system **100** moves to state **486**, plays a message that advises the patient to seek immediate medical attention and ends the evaluation process **254** at a terminal state **488**. If it is determined at state **478** that a serious medical condition does not exist, the system **100** proceeds to a complaint menu at state **479** and recites a list of algorithms dealing with the problem that corresponds to the cause selected. The patient then selects an algorithm from the list.

Alphabetic groups **480** lists the items in the anatomic system group and the cause group together in alphabetic order. Moving to state **481**, the system determines if the selected item is from the cause subgroup of the combined alphabetic groups. If so, the system **100** proceeds to the "Cause Screening Questions" at state **477**. If not, the system moves to the "System Screening Questions" at state **473**.

Enter Catalog number state **482** refers to the ability of the patient to select and enter an individual medical algorithm from a catalog of medical algorithms listed in the patient guide distributed to all patients. At the completion of state **475**, **479**, or **482**, the complaint has been identified, and the computer **102** proceeds to state **483** wherein a series of "initial" problem screening questions are presented to the patient. There is a different set of problem screening questions for every complaint for which advice is offered.

For the purpose of this discussion, "Headache" will be used as an example to describe how the system approaches the diagnosis of a problem and provides treatment recommendations. As with many problems, there are some causes of headache that require immediate medical attention. Quite often, when a problem is very serious, any delay, even to discuss it further, can adversely affect the patient's outcome. The problem screening questions identify, at a decision state **484**, the subset of patients whose headaches may require immediate medical care. If a serious medical condition exists, the patient is advised to seek immediate medical attention at state **486**. The computer **102** then ends the evaluation process at state **488** and returns to state **344** in FIG. **7**d.

The following is an example of a problem screening question for headache:

ARE YOU CONFUSED, LETHARGIC, OR LESS ORIENTED THAN USUAL?

By asking a question about the patient's level of consciousness, a dilemma has been confronted. What does the MDATA system **100** do about the patient whose problem itself prevents them from appropriately responding to questions or following advice?

There are some conditions that, by their very nature, may prevent patients from answering questions correctly. For this reason, the MDATA system **100** utilizes a "mental status examination" function **508**. The mental status examination is a series of questions used to assess the patient's orientation. This function **508** allows the MDATA system **100** to assess the patent's ability to respond to questions and to follow advice. Although only shown in FIG. **10**b, the mental status examination function **508** is incorporated into the dialogue of any problem whose presentation could include an altered level of consciousness. Function **508** will be further described in conjunction with FIG. **16**.

The MDATA system **100** will, of course, be accessed by patients in whom an altered level of consciousness is not expected based on the problem that the patient has. The system **100** does anticipate the possibility of the patient having an altered level of consciousness in some problems, e.g., when a patient consults the system for striking his or her head, and invokes the mental status exam function **508**. However, an intoxicated patient, calling for some other complaint, e.g., a sprained ankle, is one example where the patient may not be able to understand instructions from the system **100**. For this reason, the MDATA system also utilizes a "semantic discrepancy evaluator routine" (SDER) function **510**. The SDER function provides information to the patient and then, after a predetermined period of time, asks the patient to repeat or select the information. The patient's answer is then evaluated within system **100**. If discrepancies are determined, the system automatically invokes the mental status examination function **508**. In another embodiment, the system **100** asks the patient for some information in different ways at different times, and then compares the patient's responses to determine if they are consistent. If not, the system automatically invokes the mental status examination function **508**. Although only shown in FIG. **10**b, the SDER function **510** is embedded throughout system **100**, and is randomly evoked by the computer **102**. Function **510** will be further described in conjunction with FIG. **17**.

Continuing with the headache example at state **483**, the MDATA system **100** asks the next problem screening question in order to help exclude the possibility of meningitis, a very serious infection of the central nervous system.

IS BENDING YOUR NECK FORWARD SO THAT YOUR CHIN TOUCHES YOUR CHEST EITHER PAINFUL OR NOT POSSIBLE?

If the answer to this question is "yes", a serious medical condition exists at state **484** and the system **100** instructs the patient to seek immediate medical attention at state **486**.

The initial screening questions (state **306**, FIG. **7**a) and the problem screening questions (state **483**) can usually be completed within a minute or so. Once the MDATA system **100** has excluded the causes of headache that require immediate medical attention, the system becomes a little less formal and more conversational in the subsequent states. The examples given, of course, do not represent all the initial or problem screening questions.

If no serious medical condition exists, as determined at state **484**, the computer **102** proceeds to a decision state **490** wherein the system **100** identifies those patients who are "re-entering" the system from an earlier consultation. This occurs most frequently when the system **100** needs to monitor a patient's symptom over time, or if the system is initially unable to make a specific diagnosis and would like the patient to re-enter the system again, typically within a few hours. The system sets an internal re-enter flag to identify the situation where a patient is calling again for the same complaint. If the flag is set at state **490**, the computer **102** proceeds to state **492** and branches to a re-enter point in the evaluation process depending on which medical algorithm has been evoked. The

computer **102** moves via off-page connector A **494** to state **506** (FIG. **10**b) to the appropriate re-enter point.

If the re-enter flag is not set, as determined at state **490**, the computer **102** moves via off-page connector B **496** to a decision state **499** to determine if the consultation is being performed in Real mode or Pending mode. If not (i.e., the consultation is in Information mode), the computer proceeds to state **506** to continue the evaluation process. If the consultation is in Real or Pending mode, the computer **102** calls a "meta" function **500** wherein patients are subjected to several "meta" analyses. This concept will be explained in conjunction with FIG. **11**, but, in general, it refers to the system's ability to evaluate the patient's present problem in the context of their past use of the system. The Meta function **500** matches various parameters against a predetermined meta threshold. When the MDATA system **100** opens a patient's consultation history file in database **262** (FIG. **6**), it calculates how many times the patient has consulted the system for the same complaint. For each problem, the MDATA system **100** allows a specified number of system consultations, per unit of time, before it takes action. If the meta threshold is reached, as determined at a decision state **502**, the MDATA system **100** makes a recommendation based on this fact alone at state **504**. For example, let us assume that the threshold was set at five headaches in two months. If the patient consulted the MDATA system **100** for headache more than four times in two months, the threshold would be reached and the system would make an appropriate recommendation. The threshold, of course, is different for each complaint, and may be modified by a set of sensitivity factors that will be described hereinbelow. Alternately, the system **100** uses a time density ratio (TDR) calculated by the meta function **500** to determine if a recommendation should be given to the patient.

At the completion of state **504**, or if the meta threshold was not reached at state **502**, the computer **102** proceeds to state **506** to continue the evaluation process. State **506** includes a medical algorithm as selected by the patient in states **475**, **479**, or **482**. As a representative example, the Microfiche Appendix contains an algorithm for Headache and includes a Headache node map with the script or description of each node having a play list. A second example node map and associated script for Convulsion or Seizure, including meta and past medical history aspects, is also included in the Microfiche Appendix. Although not necessarily a complete list, other types of medical algorithms include: Chest Pain, Heatstroke, Altered Level of Consciousness, Tremor, Dizziness, Irregular Heartbeat, Fainting, Shortness of Breath, Chest Injury, Depression, Head Injury, Cough, Croup, High Blood Pressure, Hyperventilation, Numbness, Wheezing, Inhalation Injury, and Strokes. In addition to meta and past medical history functionality, at least some of the listed medical algorithms rely upon knowledge of age and/or sex of the patient as provided in the presently described system **100** at time of registration (see FIGS. **9**a and **13**a).

Depending on the medical algorithm and the exact patient condition, one or more auxiliary functions may be called by state **506** as follows: the mental status examination function **508**, the SDER function **510**, a past medical history function **512**, a physical self examination function **514**, a patient medical condition function **516**, and a symptom severity analysis function **518**. These functions will be described hereinbelow.

Returning to the headache example, after the meta analyses (function **500**) are completed, the MDATA system **100** assesses the severity of the patient's headache on a one-to-ten scale. The importance of this purely subjective quantization of the symptom's severity will become apparent later in this description.

Although the MDATA system's paradigm is fundamentally an algorithmic one, the underlying logic of the diagnostic process for headache will be described. The MDATA system **100** begins the diagnostic process for headache by referring to three lists stored internally in the computer **102**.

The first list is a ranking of the most common causes of headache in the general population. The most common cause is ranked first, the second most common is ranked second, and so on. In other words, the first list ranks all the causes of headache in the general population in decreasing frequency of occurrence.

The second list is a ranking of the various causes of headache according to the seriousness of the underlying cause. The more serious causes are positioned toward the top of the list, the less serious toward the bottom. For example, meningitis, brain tumor, and subarachnoid hemorrhage would be the top three causes on the second list.

The third list is quite similar to the second list. It ranks the causes of headache according to the rapidity with which intervention is necessary. The causes of headache that require immediate intervention, such as meningitis and subarachnoid hemorrhage, are toward the top. The problem screening questions (state **483**) were developed from this list.

During the evaluation process **254**, the MDATA system **100** asks the patient a series of "diagnostic screening questions." From the answers to these questions, along with any physical signs elicited from the patient (from function **514**), under the direction of the MDATA system **100**, the system establishes the most likely cause of the patient's headache.

The following are examples of diagnostic screening questions for headache:

DO YOU EXPERIENCE MORE THAN ONE KIND OF HEADACHE?

DO YOU, OR DOES ANYONE ELSE, KNOW THAT YOU ARE GOING TO GET A HEADACHE BEFORE THE ACTUAL PAIN BEGINS?

DO YOUR HEADACHES FREQUENTLY WAKE YOU UP AT NIGHT?

DO YOUR HEADACHES USUALLY BEGIN SUDDENLY?

Based upon the answers to the diagnostic screening questions, the MDATA system **100** reorders the first list. The first list then becomes a list of the possible causes of headache in decreasing levels of probability in the patient seeking consultation. The first list is now patient specific. If the MDATA system **100** concludes that migraine is the most likely cause of the patient's headache, then migraine will now be ranked at the top of the first list.

The MDATA system **100** is knowledgeable about the difference between classic, common, and all other variants of migraine, but for this discussion the general term "migraine" will be used. After reordering the first list and placing migraine at the top, the MDATA system **100** then asks several questions related specifically to migraine headaches. These are called the "migraine screening questions." The probability that the patient actually has a migraine headache is calculated from the answers to these questions. Each cause of headache has its own set of screening questions, physical examination signs, and, if the patient has the MDATA system's Home Diagnostic and Treatment Kit, appropriate laboratory tests.

The following are examples of migraine screening questions:

IS EITHER NAUSEA OR VOMITING ASSOCIATED WITH YOUR HEADACHE?

ARE VISUAL DISTURBANCES ASSOCIATED WITH YOUR HEADACHE?

After obtaining the answers to the migraine screening questions, if the probability that the patient is suffering from a migraine headache does not reach an established threshold, the next cause of headache on the reordered first list is considered and pursued as a diagnosis.

If the probability of having a migraine headache does reach the threshold, the MDATA system **100** asks the patient several more questions designed to confirm the presence of migraine, given the fact that the system has already determined that it is the most likely diagnosis. These are called the "migraine confirmation questions." Just as each cause of headache has a set of screening questions, each cause of headache also has a set of confirmation questions.

The following are examples of migraine confirmation questions:

DOES ANYONE WHO IS RELATED TO YOU BY BLOOD HAVE MIGRAINE HEADACHES?

WHEN YOU HAVE A HEADACHE DO YOU FEEL MORE LIKE LYING DOWN OR WALKING AROUND?

From the answers to the migraine confirmation questions, the MDATA system **100** calculates the probability of confirmation of migraine. In Bayes' terms (which refer to the probability of certainty of a diagnosis) this is called a "conditional probability."

If the probability of migraine headaches reaches threshold, but the probability of confirmation of migraine does not reach threshold, then, as mentioned, the system pursues the next diagnostic cause of headache on the patient specific list.

If the probability of the second cause of headache (say cluster) reaches threshold, then the "cluster confirmation questions" are asked. If they reach threshold, then again the serious causes of headache are excluded as a diagnosis.

The MDATA system **100** stores the scores of all the screening and confirmation questions in what are called "session memory variables" that are installed in the symbol table. It is, in part, these scores that are then used to determine the probability of one diagnosis versus another.

For example, if the answers to the cluster confirmation questions do not reach threshold, then the scores of the screening and confirmation questions of migraine and cluster are compared to see which cause is the more probable.

Whichever has the higher score, or exceeds the other by a predetermined threshold, is then assumed to be the more probable cause. The list is, if necessary, again reordered. This time it becomes the final diagnostic list which is a list of differential diagnoses in decreasing levels of probability for this patient.

All of the headache scoring thresholds are modified or modulated by a series of sensitivity factors as are all aspects of the system in which scalar thresholds are used. The sensitivity factors are discussed hereinbelow in section XVIII. For example, if it was found that a subset of patients in which the diagnosis of meningitis was not being made as early as it should be, then the sensitivity factor modifying the temperature threshold could be decreased so that now, a patient with a lower temperature would be instructed to seek an immediate evaluation.

Before discussing the results with the patient, however, the MDATA system **100** must again rule out the serious causes of headache. The problem screening questions have already filtered out those patients who have a serious cause of headache, such as meningitis, that requires immediate medical intervention.

The MDATA system **100** now proceeds to eliminate those causes of headache that, although serious, do not require immediate medical attention. For example, although a brain tumor is a serious cause of headache, it is not as immediately life threatening as meningitis or subarachnoid hemorrhage. To accomplish this task, the MDATA system **100** sequentially analyzes the serious causes of headache that are located at the top of the second list. The MDATA system **100** again asks the patient the set of screening questions associated with each of the serious causes of headache. This time, however, the MDATA system **100** makes sure that the probability of having any of the serious causes of headache is sufficiently low in order to exclude them from diagnostic consideration. Only after this is accomplished will the system discuss its conclusion and recommendations with the patient.

The discussion that the MDATA system would have with the migraine headache patient would include the following:

Its diagnostic impression, or its diagnostic impressions in decreasing levels of probability.

Its estimate of the level of probability of migraine.

Whether or not the system feels it has excluded the serious causes of headache to a level of certainty that satisfies the system.

What tests, if any, should be obtained to confirm or exclude a diagnosis.

How soon to see a physician.

What kind of physician to see (e.g., family practitioner, internist, or neurologist).

What kind of information to bring to the physician when a consultation is obtained.

Questions to ask the physician.

The latest treatment for migraine.

Even if the MDATA system **100** cannot determine with sufficient certainty what is causing the headache, it can still provide patients with valuable information and advice. For example, the patient may be told the following:

"At this time, the MDATA system is unable to pinpoint a particular cause of your headache with the degree of certainty required to make specific recommendations. The MDATA system, however, suggests a consultation with a neurologist. You can either call your family practitioner or internist and ask for a referral.

"While you are waiting to be seen by the neurologist, there are many things that you can do in order to help the physician diagnose your headache. Many headache experts have found that a record of when their patients' headaches occur and how bad they are is very helpful in finding both the cause of the headache as well as the best treatment.

"In order to assist you, the MDATA system will send you a blank calendar on which you can record the time and severity of your headaches. In addition, there is space for you to record what seems to bring on the headaches, makes them worse, or makes them better. The MDATA system will also send you a questionnaire to fill out and give to your doctor, containing a list of questions asked by some of the world's leading headache experts when they are trying to arrive at a diagnosis." A full set of instructions will be provided.

The MDATA system is able to customize the information given to patients to accommodate the individual needs of a sponsoring agency or group such as a Health Maintenance Organization (HMO) or a Managed Care Plan. For example, if the system finds that the patient should see a physician, the MDATA system can determine from a patient's medical record whether they have an established relationship with an appropriate specialist. If they do, the specialist's name and phone number, or a list of participating specialists for their HMO or Managed Care Plan and any specific instructions, will be given to the patient with the recommendation to make an appointment within a specific time frame.

At the conclusion of state **506**, the system may or may not have a reasonably certain diagnosis available. For example, the headache algorithm provides a diagnosis of migraine in response to a particular set of patient symptoms. In situations where the MDATA system **100** cannot determine with sufficient certainty what is causing a particular problem (no diagnosis) or in a situation where a diagnosis is available but additional information is desirable, e.g., to determine a trend, a re-enter flag may be set by the system **100**. At a decision state **520**, the computer **102** determines if re-enter criteria are met for the current algorithm and patient situation. If so, the computer sets the re-enter flag at state **522** for this problem so a subsequent telephone consultation by the patient will allow for additional information to be added to the patient record by the system in full knowledge of the previous call. This additional information may yield a better diagnosis.

If the re-enter criteria were not met, as determined at state **520**, the computer **102** proceeds to a decision state **524** to determine if the patient desires to hear treatment information for the current problem. If so, the computer **102** calls the treatment table process **256**, which will be described in conjunction with FIGS. **22** and **23**. If the patient does not wish to hear treatment information at this time, the computer **102** advances to a decision state **528** to determine if the patient would like to investigate another complaint through the evaluation process **254**. If so, the computer **102** moves via off-page connector C **530** to state **471** on FIG. **10**a to repeat the process **254**. However, if the patient does not wish to pursue another complaint, the computer returns at state **532** to the top level flow (FIG. **7**d).

XI. The Meta Function

Referring now to FIGS. **11**a and **11**b, the meta function **500** defined in FIG. **10**b will be described. One of the many ways the MDATA system **100** is qualitatively different from prior ways of providing medical advice is in its use of the "meta function." As mentioned earlier, "meta" refers to the system's ability to evaluate the patient's present problem in the context of his or her past use of the system. The meta function allows the system **100** to make an inference based upon the number and frequency of previous patient consultations (or, "medical complaints") and the system's previous diagnostic assessments. Every patient who has previously used the MDATA system **100** undergoes the meta analysis.

Input Parameters

The meta function **500** has five input parameters listed at state **540** as follows:

i. Problem String (PS)—a four character alphanumeric string indicating the patient's complaint. The first character of this string is taken from the Systems column of Table 2. For example, 'N' denotes the nervous system. The second through fourth characters identify an individual complaint, e.g., "NHDA" identifies headache. Other examples:
CCHP Chest Pain
NINJ Head injury
RINH Inhalation of toxic fumes

ii. System String (SS)—a four character alphanumeric string that indicates the affected anatomic system. The first character is taken from the Systems column of Table 2. The second through fourth characters are encoded with subsystem identification, or filled with the '*' wildcard character. For example, "N***" will match all cases that involve the nervous system.

iii. Cause String (CS)—a ten character alphanumeric string that indicates the cause of the patient's complaint. The first character is taken from the Causes column of Table 2. The second through tenth characters are filled in as needed to more closely specify the cause of interest. A very broad example is "I*********" which denotes any infection. Other examples which illustrate how the cause string can become very specific:
IV******** Viral infection
IB******** Bacterial infection
IBN******* Gram negative bacterial infection
IBNM* * * * * * Meningococcal gram negative bacterial infection

iv. Beginning Time (T_1)—a timestamp value which indicates the date and time to be used for the beginning of the time window under consideration.

v. Ending Time (T_2)—a timestamp value which indicates the date and time to be used for the end of the time window.

Table 2 lists code letters used as the first letter of the meta string parameter:

TABLE 2

Causes	Systems
A—allergy	B—bones/orthopedics
E—environment	C—cardiology
I—infection	D—gastro-intestinal
M—mental	G—gynecology
p—poison	H—hematology (blood)
T—trauma	L—larynx (ENT)
v—vascular	N—nervous
X—genetic (chromosomal)	O—opthamology
Y—nutritional/metabolic/endocrine	R—respiratory
Z—tumor (cancer)	S—skin
	U—urology

A set of meta function analyses involves the identification of trends in the patient's medical history. For example, if a patient went to his or her doctor with a history of gradually worsening headaches (either more painful, more frequent, or both) the physician would consider this worsening trend in his or her management of the case. The MDATA system **100** also does this.

Meta Analysis

The algorithm author passes input parameters to the meta function by using the keyword Meta, followed by the input parameters enclosed in parentheses. The format for the meta function is:

Meta(PS, SS, CS, T_1, T_2)

Two types of analysis are performed by the meta function:

i. Pattern Matching

ii. Time density

i. Pattern Matching

In pattern matching analysis, the meta function compares the input strings with the record fields in the patient's consultation history database **262**. The use of the '*' wildcard character in the input string will cause the meta function to ignore the corresponding character position in the record field, thereby enabling the meta function to examine only the fields of interest. By providing input strings that are either general or specific, the fields of interest for analysis are selected. For example,

Meta ("NHDA", "****", "**********", T_1, T_2)

will cause the meta function to only consider past consultations for the problem of headache, regardless of the anatomic system and cause involved.

Through the use of a common syntax, the meta process supports four types or modes of pattern matching analysis, shown here through examples:

(a) Problem analysis:

```
Meta("NHDA", "****", "**********", Jun. 1, 1993,
Dec. 31, 1993)
```

Here the meta function will find the number of complaints of headaches that occurred between Jun. 1, 1993 and Dec. 31, 1993.

(b) Anatomic System analysis:

```
Meta("****", "D***", "**********", Jun. 1, 1993,
Dec. 31, 1993)
```

Here the meta function will find the number of complaints involving the gastro-intestinal system between Jun. 1, 1993 and Dec. 31, 1993. For example, if a patient consulted the MDATA system **100** once for abdominal pain, once for vomiting, and once for diarrhea, but each on a different occasion, the system would recognize that these are all problems involving the gastrointestinal tract.

(c) Cause analysis:

```
Meta("****", "****", "IB********* ", Jun. 1, 1993,
Dec. 31, 1993)
```

Here the meta function will find the number of complaints that were found to be caused by bacterial infection between Jun. 1, 1993 and Dec. 31, 1993. The problems (complaints) caused by bacterial infection could be in different parts of the body.

(d) Combination analysis:

```
Meta("NHDA", "****", "I**********", Jun. 1, 1993,
Dec. 31, 1993)
```

Here the meta function will find the number of complaints of headache that were found to be caused by infection between Jun. 1, 1993 and Dec. 31, 1993.

ii. Time Density

If the pattern matching analysis finds at least three matching records in the patient's consultation history database **262**, then the meta function performs a time density analysis. Time density refers to the amount of time between each consultation. If the amount of time between consultations is getting shorter, then the frequency of consultation suggests that the nature of the complaint is getting worse. Time density analysis reveals when a problem is getting better, and when it is getting worse.

Time density analysis uses the meta records that matched the pattern matching criteria. The computer designates the most recent meta record 'n', the next most recent is record 'n−1', and the second most recent is record 'n−2'. The time stamp of each meta record is examined, and two time difference values, X and Y, are determined according to the formula:

```
X = time difference (n-2, n-1)
Y = time difference (n-1, n)
```

The ratio of these time differences produces the time density ratio (TDR):

```
Time Density Ratio = X/Y
```

The significance of the time density ratio value can be seen through the following examples:

Example 1: Time between consultations is the same.

Consultation	Date of Consultation
n-2	Jun. 01, 1993
n-1	Jun. 08, 1993
n	Jun. 15, 1993

Calculate:

X = time difference (Jun. 01, 1993, Jun. 08, 1993) = 7 days
Y = time difference (Jun. 29, 1993, Jun. 15, 1993) = 7 days
Time Density Ratio = 7 days/7 days = 1.0

Example 2: Time between consultations is getting shorter.

Consultation	Date of Consultation
n-2	Jun. 01, 1993
n-1	Jun. 22, 1993
n	Jun. 29, 1993

Calculate:

X = time difference (Jun. 01, 1993, Jun. 22, 1993) = 21 days
Y = time difference (Jun. 29, 1993, Jun. 22, 1993) = 7 days
Time Density Ratio = 21 days/7 days = 3.0

When consultations are occurring at even intervals, then the TDR value is close to unity. If the frequency of consultations is decreasing, then the TDR value will be less than 1.0. This would be typical of a problem that is resolving itself. If the frequency of consultations increases, then the TDR value will be greater than one. In the second example, the TDR value of 3.0 indicates a consultation rate increase of three times during the analysis period. This would be typical of a problem that is rapidly getting worse.

Return Values

After the meta function returns, two local memory variables are installed in the symbol table and contain the results of the meta analysis:

i. Match Counter (MC)—an integer that contains the number of meta string matches found within the time window.

ii. Time Density Ratio (TDR)—a floating point value that expresses whether the frequency of meta string matches is increasing or decreasing.

After calling the meta function, the algorithm author can then make decisions based upon the values returned in these two memory variables.

For example:

```
Meta("NHDA", "****", "**********", Jun. 1, 1993,
Dec. 31, 1993)
If MC >= 3 then 100 else 101
```

The meta function counts the number of complaints of headache between Jun. 1, 1993 and Dec. 31, 1993. If the number

of complaints found (MC) is greater than or equal to 3, then the evaluation process branches to node **100**; otherwise it branches to node **101**.

Another example:

```
Meta("****", "****", "I*********", Jun. 1, 1993,
Dec. 31, 1993)
If TDR >= 2.0 then 200 else 201
```

The meta function is invoked to count the number of diagnoses attributed to a cause of infection. If the infection caused diagnoses found have a time density ratio greater than or equal to 2.0, then the evaluation process branches to node **200**; otherwise it branches to node **201**.

Referring again to FIG. **11**a, the meta function **500** initializes at state **540** by popping the input parameters off the run-time stack and storing them in local memory variables: PS for problem string, SS for anatomic system string, CS for cause string, T_1 for the beginning date and T_2 for the ending date. After the start state **542**, the computer moves to state **544** and initializes the pattern match counter to zero.

The computer **102** then moves to state **546** wherein it begins the pattern matching analysis. The computer **102** reads the first meta record in the patient's consultation history database **262** and moves to a decision state **548** wherein it examines the record's timestamp. If the timestamp falls within the time window established by the input parameters T_1 and T_2, then the computer will move to state **550**; otherwise it moves to state **554**. At state **550**, the computer **102** compares the contents of the meta record problem field with the input string PS, the meta record anatomic system field with the input string SS and the meta record cause field with the input string CS. If all these fields match the respective input strings, then the computer moves to state **552** wherein the match counter MC is incremented, and then the computer moves to state **554**. If there is any mismatch between a meta record field and its respective input string, then the computer moves to state **554** and does not increment MC.

At decision state **554**, the computer **102** determines if there are more meta records to process. If so, the computer **102** moves to state **556** wherein it reads the next record and then moves back to state **548** to perform the time window determination. The meta function iterates through this pattern matching until all of the meta records have been read. When there are no more meta records to be processed, the computer moves through off-page connector A **558** to a decision state **560** on FIG. **11**b wherein a determination is made if the value of the match counter MC is greater than or equal to 3. If so, then the computer moves to state **564** wherein it begins the time density analysis.

At state **564**, the computer **102** locates the three most recent meta records whose fields matched the input strings. The computer designates the most recent meta record 'n', the next most recent is record 'n−1', and the second most recent is record 'n−2'. The computer then moves to state **566** wherein it calculates X, the time difference between the timestamps of records n−2 and n−1, and Y, the time difference between records n−1 and n. The computer **102** then moves to state **568** wherein it calculates the time density ratio (TDR) as the time X divided by time Y.

If the computer **102** determined at state **560** that there were less than three matches, then it would move to state **562** wherein it sets the value of the time density ratio (TDR) to 0.0, which indicates that the time density analysis could not be performed. At the completion of establishing the value of TDR at either state **562** or **568**, the computer **102** moves to terminal state **570** wherein the meta process terminates, returns the match counter MC and the time density ratio TDR, and returns control to the evaluation process **254** (FIG. **10**).

The interaction of the meta analyses for cause and for anatomic system can be conceptualized by means of a simple geometric metaphor. Consider a two dimensional array in which the causes of disease (trauma, infection, allergy/immune, and so forth) are placed on the "Y" axis, or ordinate, and the anatomic systems of the-body (cardiac, respiratory, nervous system, and so forth) are placed on the "X" axis or abscissa. Disease then can be represented by, or is produced at, the intersection of the lines drawn from the applicable cause and the anatomic system.

As a very simple illustration, consider the two-dimensional array shown in Table 3 (FIG. **24**). The array of Table 3 shows an infection in the central nervous system represented at the intersection of the cause of disease (infection) and the anatomic system involved (the nervous system).

Of course, each cause of disease can be further divided into subcauses. For example, infection would be broken down (or subdivided) into bacterial and viral, and bacterial would be further broken down into gram positive and gram negative, and gram positive would be further yet broken down into streptococcus, and so on. The anatomic systems could be broken down in a similar way.

As a patient uses the system **100**, and as the meta analyses for cause and for anatomic system attribute causes to disease processes and record the anatomic systems involved, a three-dimensional cube (a "meta cube") is produced composed of these stacked two-dimensional arrays. The "Z" axis coordinate of each layer is the time of the patient's consultation obtained from the system clock (i.e., the moment that the actual intersection of the cause and anatomic system occurs indicating the diagnosis).

The "meta cube" then represents a summation of the patient's interaction with the system **100** through time. Although much of the patient's past history is stored using ICD■9■CM codes as well as conventional text strings in fields of the patient's medical record, the "meta cube" technique allows very useful analyses to be done.

Using the same modeling metaphor, the "Z" axis coordinate can be used to represent the practice of medicine. Here the "Z" coordinate is again time, but in this representation, time refers to a spectrum of ages from pediatrics to geriatrics. Thus, each coronal plane represents specialties by time, e.g., pediatrics, adolescent medicine, adult, geriatric. A vertical plane describes a specialty by anatomic site, such as neurology or cardiology, while a horizontal plane describes a specialty which practice is bounded (subsumed) by (on) cause, such as oncology or infectious disease. To further this metaphor, the rapidity with which intervention is necessary could be a fourth dimension of the model, and the frequency of an occurrence of a disease is the fifth dimension. Ethical and moral responsibility could be a sixth dimension of the model.

Node Map Traverse Analysis

The MDATA system **100** uses a "neural net emulator" program to determine if patterns produced by patients, as they traverse down the nodes (creating "node tracks" of the algorithms in the course of a consultation, may be early predictors of disease. Somewhat like the "meta cube," the "node tracks" can be superimposed, rather than stacked, upon one another to create a two-dimensional array. This time, however, the pattern produced represents the sum of the patient's previous consultations. In the MDATA system **100**, this is called a "node track traverse analysis."

For example, the MDATA system **100** may discover that the pattern that is produced when a patient consults the system, at different times, for episodes of diarrhea, cough, and oral candidiasis may be predictive of AIDS. Or, that the pattern produced when a patient consults the system for increased frequency of urination and weight loss may be predictive of diabetes mellitus.

XII. Mental Status Examination

Referring to FIGS. **16**a and **16**b, the mental status examination function **508** defined in FIG. **10**b will be described. The mental status examination is a series of questions used to assess the patient's orientation that allows the system **100** to determine the patent's ability to respond to questions and to follow advice. The examination is automatically incorporated into the dialogue of any problem whose presentation could include an altered level of consciousness. If an operator or nurse monitoring a telephone consultation at any time feels there may be a problem with the caller's ability to understand or respond to questions, the mental status examination may also be manually invoked.

If the MDATA system **100** determines that the patient is not sufficiently oriented based on the results of the mental status examination, the system **100** will ask to speak to someone other than the patient. If no one else is available, the MDATA system **100** can contact the emergency medical services system in the patient's area if the system knows the patient's present geographic position.

Beginning at a start state **680** of FIG. **16**a, the computer **102** initializes the value of a variable Score to be zero. Moving to state **682**, the computer asks the patient Question #1. In the presently preferred embodiment, the question is "what day of the week is it?" If the person answers the question correctly, as determined by a decision state **684**, the computer **102** increments the value of Score by one. After Score is incremented or if the patient did not answer the first question correctly, the computer **102** moves to state **688** wherein the computer **102** asks the patient Question #2. In the presently preferred embodiment, the question is "what month of the year is it?" If the person answers the question correctly, as determined by a decision state **690**, the computer **102** increments the value of Score by one. After Score is incremented or if the patient did not answer the second question correctly, the computer **102** moves to state **694** wherein the computer **102** asks the patient Question #3. In the presently preferred embodiment, the question is "who is the President of the United States?" If the person answers the question correctly, as determined by a decision state **696**, the computer increments the value of Score by one. After Score is incremented at state **698** or if the patient did not answer the third question correctly, the computer **102** moves through off-page connector A **699** to a decision state **700** on FIG. **16**b.

At decision state **700**, the computer **102** compares the score to the mental status exam threshold at a decision state **700**. If the score meets or exceeds the threshold, then the mental status exam returns to the evaluation process at state **701** and the diagnostic evaluation continues. If the score does not reach or exceed the threshold value, the computer **102** moves to state **702** wherein the operating mode flag is set to Pending. The MDATA system **100** will then ask, at a decision state **703**, if someone else is available to continue the consultation. If no one else is available, any new information gathered up to this point in the session is saved to Pending file **269** at state **704** and then, at state **705**, the telephone call with the patient is transferred to a medical staff person. If someone else is available, as determined at state **703**, and is able and willing to continue the evaluation process of the patient, as determined at state **706**, the computer **102** asks the person if he or she is a registered assistant at state **707**. If the person responds "yes", the computer **102** invokes the assistant login process **272** at start state **940** on FIG. **12**a. If the person is not a registered assistant, the computer **102** invokes the assistant registration process **274** at start state **1050** on FIG. **14**a. After assistant registration or login, the computer **102** moves to terminal state **708** wherein the mental status examination process terminates and the evaluation process **254** resumes. At the end of the evaluation process **254**, any new information gathered during the session will be written to the patient's past medical history file at state **348** or to pending file **269** at state **347** on FIG. **7**d, depending on whether the session continued in real or pending mode. In the presently preferred embodiment, the value of Score could be zero, one, two, or three. Of course, in other embodiments, different questions to be asked of the patient may be utilized in the mental status exam function **508**.

XIII. Semantic Discrepancy Evaluator Routine

Referring to FIG. **17**, the semantic discrepancy evaluator routine (SDER) **510** defined in FIG. **10**b will be described. The SDER **510** uses one or more questions that ask for the same information at different times, and in other embodiments, in different ways. The answers given by the patient are then compared within the system **100** to help determine the mental status of the patient.

Beginning at a start state **712**, the computer **102** moves to state **716** and recites a message to the patient. In the presently preferred embodiment, the message is "remember this three digit number . . . NUMBER", where the computer generates a random three digit number (i.e., in the range 100 to 999 inclusive) as NUMBER which is kept in a session memory variable.

Then, after a predetermined time interval at state **718**, the computer **102** moves to state **720** and recites a request of the patient. In the presently preferred embodiment, the request is "please tell me the three digit number." The computer **102** then compares the number given by the patient in response to state **720** against the NUMBER kept in the memory variable at a decision state **722**. If the numbers match, the computer **102** returns at state **724** with a status of pass to the evaluation process (FIG. **10**b). If the numbers do not match, the computer **102** returns at state **726** with a status of fail to the evaluation process. In the presently preferred embodiment, if the return status of the SDER **510** is "fail", the evaluation process **254** automatically invokes the mental status examination function **508**.

XIV. Past Medical History Routine

Referring to FIG. **18**, the Past Medical History Routine (PMHR) **512** defined in FIG. **10**b will be described. The contents of a patient's past medical history file, which is part of the PMH database **268**, are loaded to the symbol table when the patient logs in to the system **100**. During the evaluation process **254**, a TEST is performed by the computer **102** before a particular medical algorithm is initiated to verify that necessary items are present in the symbol table. The effect of a negative TEST result is that the system **100** prompts the patient to provide the missing past medical history information via the PMHR **512**.

The PMHR **512** uses an input parameter "condition label" (L) as indicated at State **740**. The "Condition label" is unique, e.g., PMHRLTB1 corresponds to the first PMH object tested

in the croup (RLTB) algorithm: diagnosis for croup in children. The label is passed so that PMHR **512** knows what questions to ask. The ability of the system **100** to ask a past medical history question in the middle of the evaluation process **254** is a feature that saves the patient from having to answer the entire PMH questionnaire during the registration process. The boolean result, or scalar value, is stored in the symbol table under this label (PMHRLTB1), and the algorithm can use it in decision making, e.g., If PMHRLTB1=True Then **4310** Else **4320**.

Beginning at a start state **742**, the computer **102** moves to state **744** and prompts the patient for the missing medical condition data. Moving to state **746**, the computer **102** repeats the information provided at state **744** and asks the patient if the repeated information is correct. Moving to a decision state **748**, the patient responds by indicating whether the repeated information is correct. If the data is not correct, the computer **102** proceeds to state **750** to determine if the patient would like to attempt the data entry step again. If so, the computer **102** loops back to state **744** and prompts the patient for the data again. If not, the computer **102** returns at state **754** to the evaluation process (FIG. **10**b).

If the newly-entered data is correct, as determined at state **748**, the computer **102** advances to state **752** and installs the condition label (L) and the data value in the symbol table for the patient. The computer **102** then returns at state **754** to the evaluation process **254**.

XV. Physical Self Examination

Referring to FIG. **19**, the Physical Self Examination function **514** defined in FIG. **10**b will be described. A physical examination can actually be done by the patient under the direction of the MDATA system **100**. The MDATA system **100** is designed to function primarily based upon responses to carefully crafted questions, i.e., history, and physical findings elicited from the patient. There are times, however, when the addition of certain laboratory tests can increase the accuracy of the diagnosis as well as help determine the appropriate treatment recommendations. For this reason, a MDATA system Home Diagnostic and Treatment Kit is available for use by patients. If the patient has the Home Diagnostic and Treatment Kit, including visual field cards, Snelling chart, and possibly the MDATA system's "tele-stethoscope" to assess intracranial or carotid bruits, this information will be used in the diagnostic process as well.

The MDATA system **100** is also able to play tones of different frequencies and intensities to emulate audiometric testing for hearing acuity. This allows, for example, the MDATA system **100** to detect the unilateral decrease in hearing caused by an acoustic neuroma.

Beginning at a start state **770**, the computer **102** branches to one or more physical self examination procedures depending on the current problem and what equipment if any is available for use by the patient. These procedures include: home diagnostic tests **772**, vital signs **774**, observable physical signs **776**, clinical sound recording **778**, and tele-stethoscope **780**.

A variety of home diagnostic tests **772** are available for use by the patient. New advances in biotechnology, including a new generation of urine dipsticks such as a "Multistix 8 SG" produced by Ames and monoclonal antibody tests such as "ICON® STREP B" produced by Hybritech®, allow an entire spectrum of laboratory tests to be performed at home by the patient under the direction of the MDATA system. For example, urine dipsticks can be used to check for blood, nitrites, leukocytes, or leukocyte esterase indicating cystitis or a bladder infection.

In order to use much of the monoclonal antibody technology, however, a small amount of blood must be obtained by using a fingertip lancet. This is already successfully being done by diabetics at home who use a glucometer to measure their blood sugar after pricking their finger to get a small sample of blood.

The MDATA system Home Diagnostic and Treatment Kit also contains equipment to allow the patient, or someone else, to measure the patient's vital signs **774**. A blood pressure cuff and thermometer are included with instructions for their use as well as instructions to measure pulse and respiratory rate.

The patient may be directed by the system **100** to observe various physical signs **776**. For example, a headache patient will be asked to palpate their temporal artery area, and to look at themselves in the mirror to identify the ptosis and tearing of a cluster headache or to identify the steamy cornea that may occur with acute narrow angle glaucoma.

As an example of how the MDATA system Home diagnostic and Treatment Kit could be helpful, consider a woman who (using the MDATA system's urine pregnancy test based on ICON® II HCG ImmunoConcentration™ Assay, produced by Hybritech®) finds out that she is pregnant. This is her first pregnancy. Later, when consulting the system for headache, a urine dipstick indicates protein in her urine and the measurement of her vital signs shows a significant rise in her blood pressure. This is a classic presentation of preeclampsia.

Instead of going to a doctor's office, patients could also use the MDATA system's Home Diagnostic and Treatment Kit to collect samples at home and then send them to a designated lab for analysis as needed. This saves time for the patient and is especially useful if the patient has difficulty in traveling. Costs should also be minimized in this type of laboratory analysis.

The MDATA system **100** records clinically relevant sounds **778** of a patient such as the cough of bronchitis, the seal bark cough of croup or the inspiratory stridor of epiglottitis. These sounds are digitized and stored in the patient's medical record. Then, using the re-enter feature of the system **100**, the system can monitor, for example, a patient's cough over time to be sure that the cough is resolving as it should.

The general concept of recording and analyzing a cough is disclosed in the article A microcomputer-based interactive cough sound analysis system, C. William Thorpe, et al., published in Computer Methods and Programs in Biomedicine, 1991. The cough sound analysis system describes the filtering, amplification, recording, and software processing of a cough sound. The MDATA system **100** uses the telephone handset microphone in conjunction with an amplifier to procure the clinical sounds. These sounds are then transmitted to the system **100** where they are filtered, digitized using VP board **122** and recorded to a file in the patient medical history database **268** on the hard drive **152** (FIG. **1**).

The MDATA system **100** is building a library of clinical sounds that allows patterns or profiles to be developed that relate the wave form of the clinical sound to the probability of a particular diagnosis. For example, the MDATA system **100** could compare the cough of a patient to the sound library to see if the cough of the patient is similar to those that eventually have been diagnosed as lung cancer.

In addition, the patient's record of the pronunciation of his or her name may be periodically recorded and compared to previous recordings. This allows the MDATA system **100** to potentially detect and evaluate the hoarseness that could be produced by a nodule on the patient's vocal cords.

A "tele-stethoscope" **780** is a device that allows the sounds a physician would hear through a stethoscope to be transmit-

ted over the telephone. The tele-stethoscope **780** is functionally similar to that described in the 1992 Arthur D. Little report entitled "Telecommunications: Can It Help Solve America's Health Care Problems?". The telestethoscope **780** permits the MDATA system **100** to greatly expand the spectrum of its sound analyses to include heart murmurs, the bruits of intracranial aneurysms, breathing sounds like the wheezes of asthma and the rales of congestive heart failure, or even the bowel sounds of an intestinal obstruction.

There is more information in clinical sounds than can be represented by a two-dimensional pattern matching model. Transforms, e.g., Fourier, are used to shift different aspects of sounds into domains that can be quantified. The sounds are then pattern matched using an n-dimensional array. Consider a simple two dimensional array where time is represented on the X coordinate and amplitude is measured on the Y coordinate. For example, a cough may be recorded at two times several days apart. In this example, the computer **102** superimposes the waveform from one cough upon the other cough. The non-overlapping parts of the pattern both above and below represent the difference in the domain being measured between the two sounds. The area under these two curves is integrated to obtain the area. The sum of the areas of the two curves represents the difference between the two sounds in the domain being measured. The resultant area is then subjected to one or more sensitivity factors which are discussed hereinbelow. Hence, the more sensitive the system, the sooner it makes a match.

In a similar way, a sound pattern may be considered with time on the X coordinate and frequency on the Y coordinate. The same methodology is used to quantify the differences between the two curves. Thus, in a similar way, all aspects of sound can be measured.

In this pattern matching scheme, different weights are given to the different aspects of the sound depending upon which clinical sound is measured. In most sounds, the amplitude and frequency are the most important aspects. The weight or the relative importance of an aspect is different for each of various clinical sounds, such as heart murmurs, bruits, wheezes, coughs, stridor and so forth.

When value(s) from any of the procedures **772-780** are procured by the system **100**, the computer **102** moves to state **782**, recites the value and requests the patient to confirm the value. If the patient indicates that the value is correct, as determined at a decision state **784**, the computer **102** proceeds to state **786** and installs the value into the symbol table associated with the current patient. If the value is not correct, as determined at decision state **784**, the computer **102** proceeds to state **790** to determine if the patient would like to try providing the value again. If so, the computer **102** loops back to the beginning of the function **514**. If the patient does not wish to try again, as determined at state **790**, or if state **786** is completed, the computer **102** returns at state **788** to the evaluation process (FIG. **10**b).

Referring to FIG. **20**, the Patient Medical Condition Routine **516** defined in FIG. **10**b will be described. In the course of executing a particular medical algorithm in the evaluation process **254** (as shown at state **506**), the computer **102** may request additional medical condition information of the patient. This information reflects the current condition of the patient, which is in contrast to the information requested by the past medical history routine **512** (FIG. **18**) for past history information. The states **800** through **814** of the routine **516** are essentially the same as states **740** through **754** of routine **512**, except that in routine **512** the condition label (L) denotes a value for which a past medical history question is to be asked during the evaluation process, while in routine **516** the condition label denotes a new value desired by the algorithm. Therefore, states **800-814** are not further described herein.

XVI. Symptom Severity Analysis

Referring now to FIGS. **10**a, **10**b, and **21**, the symptom severity analysis function **518** defined in FIG. **10**b will be described. A review and further description of the re-enter feature, which is associated with symptom severity analysis, is also provided here.

An important feature of the MDATA system **100** is its ability to follow or monitor a patient over time. If the MDATA system **100** is in the process of diagnosing a patient's complaint but is not certain what action should be taken (states **520-522** of FIG. **10**b), system **100** may ask the patient to re-enter the system at a designated time, usually within a few hours.

When the patient calls the MDATA system at the designated time, the system takes the patient through the initial problem screening questions (state **483** of FIG. **10**a) in order to exclude those problems that require immediate medical attention. The system detects that the patient is a re-enter case (state **490** of FIG. **10**a), and then determines the re-entry point in the evaluation process based upon the patient's previous interaction with the system (state **492** of FIG. **10**a). For example, if the MDATA system established a diagnosis of migraine, that is, if both the probability of migraine and the probability of confirmation of migraine reached threshold values, the patient would not repeat the diagnostic process, which is the usual case.

Occasionally, however, a patient for whom a diagnosis has not been established will be asked to re-enter the system **100**. This patient is again asked the diagnostic screening questions, in addition to the initial screening questions (state **306** of FIG. **7**a) and problem screening questions (state **483** of FIG. **10**a). If the MDATA system **100** is not able to establish a diagnosis for a re-enter patient, he or she is referred to a physician for further evaluation.

In addition to the re-enter feature, the MDATA system **100** has the capability to call patients back in order to monitor their progress. The same trending methodologies are used regardless of who initiates the call, i.e., the system or the patient. Using this capability, the MDATA system **100** can provide regular or periodic monitoring of elderly patients in their homes as well as inform patients when a new therapy becomes available.

Many problems for which the MDATA system **100** offers advice have absolute thresholds for the initial quantization of the severity of a symptom. For example, chest pain that is described by a patient as being 10 on a 10-scale of severity, would reach the problem-specific initial symptom-severity threshold and would mandate a consultation with a physician.

Interestingly, with headache, an initial severity characterized by the patient as 10 on a 10-scale would not, in itself, necessarily require an immediate consultation with a physician. If, in addition, the headache came on suddenly and, as was mentioned earlier, was described as the worst headache of the patient's life, the MDATA system **100** would consider this to be suggestive enough of a subarachnoid hemorrhage to advise an immediate consultation with a physician.

Continuing in the headache example, after a re-enter patient with an established diagnosis is asked the initial and problem screening questions, the MDATA system **100** again assesses the severity of the patient's headache. Reassessing the severity of the headache, by having the patient re-enter the system, establishes two points of reference. The system **100** is

now able to analyze any changes in the level of severity as well as calculate the rate of change in severity over time.

The symptom severity analysis function **518** has a Number of Points (N) as an input parameter as indicated at state **830**. Number of Points refers to the points of reference established during the initial consultation for a particular problem and during subsequent re-enter consultation(s) Beginning at a start state **832**, the computer determines the value of (N), i.e., the number of reference points, at a decision state **834**. If it is determined that N=2, the computer **102** moves to state **836** to compute the slope of a line connecting the two reference points using standard mathematical techniques. Proceeding to state **838**, a variable named Power is set to be one because only two reference points are used at state **836**. The computer **102** returns at state **840**, with output parameters Slope and Power as determined by function **518**, to the evaluation process (FIG. **10**b).

Using the returned Slope and Power parameters in the evaluation process **254**, if the MDATA system **100** determines that the severity of the headache, for example, is increasing too rapidly, that is, if a slope of the line connecting two points on a graph of the severity reaches a set threshold, system **100** will make an appropriate recommendation.

If the MDATA system **100** finds that the severity of the headache is staying the same or is getting worse but is doing so at a relatively slow rate, it may ask the patient to re-enter the system a second time (i.e., for a third consultation), usually within a shorter period of time. The third consultation gives the MDATA system **100** three points of reference from which to trend the severity of the headache. Thus, when the function **518** is called by the evaluation process, the value of (N) is three, as determined at state **834**, and the computer **102** branches to state **844**. At state **844**, the computer **102** determines the slope and power of a line connecting the three reference points. The presently preferred embodiment uses the well-known Runge-Kutta method, which is a numerical approximation technique for solving differential equations. Other embodiments may use other well-known, standard curve fitting functions at state **844**.

If the system **100** determines that yet one or more additional consultations, i.e., beyond three consultations, are desired, e.g., to establish a trend with certainty, it will again request the patient to re-enter the system at a later time. In this situation, the three most recent reference points are used in the calculation at state **844**.

The system **100** then performs a "sequential symptom-severity slope analysis" to determine if the symptom is getting worse too rapidly as follows. The slopes of the lines connecting the first and second point, the second and third point, and then the first and third point are calculated. If any of these reach a problem-specific threshold, the appropriate recommendation is given.

If the sequential symptom-severity slope analysis does not reveal the need to seek medical attention, then the MDATA system **100**, in addition to calculating the rate of change in the severity of the symptom with respect to time (the slope analysis), now calculates the rate of change of the rapidity with which the headache is getting worse. This is the first derivative.

Table 4 (FIG. **25**) illustrates this relationship. Time maps onto the "X" axis and the symptom's severity maps onto the "Y" axis. Note that a line connecting the three points forms a gently sloping straight line. The MDATA system **100** using this data determines that, although the symptom is getting worse, it is doing so in an arithmetical or linear way. That is, although the severity of the symptom is increasing, the symptom's rate of change is not increasing.

In contrast, a line connecting the three points on the graph of Table 5 (FIG. **26**) forms a sharply upturned curve. The MDATA system **100** using the data of Table 5 determines that, not only is the symptom rapidly getting worse, but more significantly, the rate at which the symptom is getting worse is also increasing. In the MDATA system **100**, this analysis is termed an "exponential symptom-severity filter." All patients who re-enter the system a second time are subjected to this analysis.

It is important to note that the severity of a problem, e.g., a headache, is not necessarily related to the seriousness of the underlying cause. The MDATA system **100** is programmed such that when any symptom gets rapidly worse, medical intervention is frequently advised as necessary. This concept is valid for many symptoms.

Returning to the symptom severity analysis function **518** (FIG. **21**), if the function **518** is called with N=0, or N=1, the computer branches to state **842**. At state **842**, the Slope and Power parameters are set to zero, and the computer **102** returns these parameters at state **840** to the evaluation process (FIG. **10**b). The values set at state **842** essentially flag an error condition that is acted on by the evaluation process **254**.

XVII. Treatment Table

Referring to FIG. **22**, the Treatment Table process **256** defined in FIG. **7**d will be described. The MDATA system **100** is modularized in its approach to diagnosis and treatment. In medicine, diagnosis simply means figuring out what is causing the problem, and treatment refers to what action should be taken once the cause of the problem is known.

Diagnosis is composed of history, physical examination, imaging studies, and laboratory tests. Again, history is by far the most important factor in making the diagnosis. In fact, in medical school, students are taught that if they don't have a good idea of the diagnosis by the end of the history, they are doing something wrong.

The treatment side of medicine is conceptually different from diagnosis in that, while the basic principles of making the diagnosis remain the same, treatment is continually changing. Treatment is fundamentally a "look-up" table with the diagnosis, age and sex on the left and the most current treatment on the right as shown in Table 6. Or, treatment can be thought of like the cubbyholes or boxes of a post office. Each individual box holds the treatment for a given disease. The information given is age and sex specific. The contents of the box are constantly changing, but the location of the box does not. For example, what is thought to be the best antibiotic to treat meningitis in a two-year-old child could literally change from week to week as more antibiotics are developed and approved or more controlled studies are published.

TABLE 6

Simplified TREATMENT TABLE Example

Diagnosis	Treatment
meningitis in a two-year old child	antibiotic of choice as of current date

The MDATA system **100** maintains a treatment table that can be updated instantaneously to provide the most current treatment recommendations.

The treatment table can be directly accessed by patients who already know their diagnosis. For example, asthma patients can consult the system as often as they wish to see what the absolute latest treatment is for their condition. In

fact, links are maintained between the treatment table and the patient medical history files **268**. In this way, when a new treatment is introduced for any of the ICD■9■CM codes listed in the MDATA system **100**, patients can be contacted and asked to either call the system **100** back at their convenience or have the MDATA system **100** fax or mail the information to them. The MDATA system **100** can also notify patients' doctors when a new treatment is identified.

The concept of using a table is also helpful with regard to two aspects of the diagnostic process that often do change: the imaging modality of choice (like X-ray, Computerized Tomography (CT), Magnetic Resonance Imaging (MRI)), and the laboratory test(s) of choice. Therefore, the MDATA system **100** also maintains a table for imaging modality of choice as well as laboratory test(s) of choice in the work-up or diagnosis of a particular complaint. By modularizing these aspects of the diagnosis, as new imaging techniques, like Positron Emission Tomography (PET) scanning, and new laboratory tests, like recombinant DNA technology, are discovered, only the tables have to be altered, not the medical algorithms themselves.

The treatment table will be further described in a general way as process **256** in FIG. **22**. The treatment table process **256** begins at start state **860** and proceeds to state **862** wherein the computer prompts the caller to choose a treatment selection method:

i. Treatment selected from layered menus, or

ii. Treatment selected via direct entry of a catalog number.

The first selection method entails the use of the menu-driven treatment selection process **864** which will be described hereinbelow in conjunction with FIG. **23**. The second selection method at state **866** uses a treatment table catalog message number. This catalog is part of the patient information package, a section of which appears in Table 7. The treatment table catalog is organized by anatomic area and diagnosis, and when applicable, by age and gender. After the patient selects a catalog number, the computer **102** stores the selection in a memory variable 'M'. As an alternate selection method, the system **100** allows the patient to directly enter the ICD■9■CM code for their problem. In this case, the computer **102** will look-up the ICD■9■CM code in an internal cross-reference table to identify the catalog number, and set the memory variable 'M' to this catalog number.

TABLE 7

Portion of Treatment Table Catalog
NEUROLOGY

Diagnosis	Message
Epilepsy	1101
Meningitis	
2 years old & younger	1201
over 2 years old	1202
Depression	
Male	
Under age 50	1301
50 years and older	1303
Female	
Under age 50	1302
50 years and older	1304

Once the value of the memory variable 'M' is established by process **864** or state **866**, the computer **102** moves to state **868** and plays treatment message 'M' to the patient. At the conclusion of treatment message playback, the computer **102** moves to a decision state **870**.

At state **870** the computer **102** checks for existence of society message 'M'. The society message category contains information about organizations that assist patients with a particular disease. If the society message 'M' does not exist, the computer **102** moves to a decision state **874**. Otherwise, the computer **102** will move to state **872** wherein it plays society message 'M' to the patient. At the end of the society message 'M', the computer moves to state **874**.

At state **874**, the computer **102** checks for the existence of an over-the-counter (OTC) message 'M'. The OTC message category contains information about generally available over-the-counter medications and home treatment for a particular diagnosis. If the OTC message 'M' does not exist, the computer moves to state **878**. Otherwise, the computer **102** moves to state **876** wherein it play OTC message 'M' to the patient. At the end of the OTC message 'M', the computer **102** moves to state **878**.

At state **878** the computer **102** plays a terminal menu to the patient which allows the patient to either select another treatment, or to exit from the treatment table process **256**. If the patient wishes to hear another treatment message, the computer **102** moves back to the treatment selection method menu state **862**. If the patient wishes to exit the treatment table process **256**, the system moves to state **880**, wherein the treatment table process **256** terminates and returns to the top level flow (FIG. **7**d) at state **344**.

An example of the treatment, society and OTC messages for epilepsy are given in Table 8. Note that since the OTC message is empty, the computer **102** would skip over the OTC message playback and proceed directly to the terminal menu.

TABLE 8

Treatment Table Messages for Epilepsy

Treatment Message

As of Dec. 20, 1993, according to Emergency Medicine: Concepts and Clinical Practice, Third Edition, by Drs. Rosen, Barkin, et. al., pages 1800 and 1801, the initial treatment of generalized tonic-clonic seizures, i.e., grand mal seizures, is as follows:

After efforts to discover and treat acutely correctable causes like hypoglycemia, the following pharmacologic agents are indicated:

1. Intravenous administration of lorazepam, with a loading dose of 0.1 mg/kg and an infusion rate not to exceed 2 mg/min

Which is usually followed by:

2. Intravenous administration of phenytoin, with a loading dose of 15 to 18 mg/kg and an infusion rate not to exceed 0.75 mg/kg per minute.

If lorazepam is not effective, and in those individuals allergic to phenytoin:

3. Intravenous administration of phenobarbital, with a loading dose of 8 to 20 mg/kg and an infusion rate not to exceed 0.75 mg/kg per minute.

If the above is not successful:

4. A neuromuscular blocking agent like pancuronium, with an intravenous dose of 0.03 to 0.1 mg/kg.
5. Intravenous administration of paraldehyde, with a loading dose of 0.1 to 0.15 ml/kg, diluted with saline to a 4% to 6% solution and slowly infused over 1 hour.

Society Message

"For further information on epilepsy, contact:
Epilepsy Foundation of America
1828 L Street, N.W., Suite 406
Washington, D.C. 20036
(202) 293-2930

In addition to the national headquarters, there are 100 local chapters. The San Diego chapter can be contacted at (619) 296-0161."

OTC Message

None.

Referring now to FIG. **23**, the menu-drive treatment selection process **864** defined in FIG. **22** will be described. The menu-driven treatment selection process **864** begins with start state **890** and proceeds to state **892** wherein the computer **102** recites an area menu to the patient and requests selection of one area. The complete menu is not shown in state **892**. The areas are arranged by anatomic system. For example, if a patient has epilepsy, the patient can simply select this from the anatomic system menu for the neurological system.

Based on the patient's selection, the computer **102** branches to a selection area menu state, such as neurological area menu state **894**, wherein the computer **102** recites a list of diagnoses to the patient and requests selection of a diagnosis. In some cases the diagnosis is further subdivided by gender, age or both gender and age. At state **904**, for example, for a diagnosis of meningitis, the computer **102** would prompt the patient to select from a secondary menu between a treatment for a child two years old or younger and a treatment for somebody over two years old. Then, based on the patient's selection, the computer **102** sets a memory variable 'M' to the value of the selected diagnosis message number at state **908** or **910**. State **906** is another example secondary level menu which has four choices based on gender and age. These four choices are associated with four states, **912**, **914**, **916**, **918**, wherein the computer **102** sets the memory variable 'M' to the value of the diagnosis message number that was selected at state **906**. After the catalog number has been stored in memory variable 'M', the computer **102** moves to return state **923** wherein the menu-driven treatment selection process terminates and returns control to the treatment table process **256**.

Area**2** menu **896** and AreaN menu **898** are indicative of menus similar to menu **894** but for different anatomic systems. Menu **896** and **898** may have secondary menus, similar to menus **904** and **906** under menu **894**. Then, states **920** and **922** are indicative of the computer **102** setting memory variable 'M' to the value of the diagnosis message number selected from the parent menu **896** or **898**, respectively.

XVIII. The MDATA System Paradigm

The MDATA system paradigm is based on several fundamental principles. They are as follows:

Centralization of medical information

Accessibility of medical information

Modularity of medical information

Modifiability of the system.

As mentioned earlier, one of the purposes of the MDATA system **100** is to bring together highly qualified medical experts, encode their knowledge in a central location, and make this information available to everyone.

Although the issue of accessibility has been discussed several times, it is important to understand its significance. Accessibility in the MDATA system **100** refers both to the way in which the medical information can be retrieved from the system **100** by non-medically trained personnel as well as to the need for people everywhere to easily and promptly obtain medical information. By using the already established worldwide telecommunications network, the MDATA system **100** can provide universal and nearly instantaneous access to high quality, 100%-consistent medical advice.

In the MDATA system **100**, the concepts of modularity and modifiability are inextricably intertwined. Modularity is the key to the MDATA system's ability to provide patients with the most current medical information available. The MDATA system's modular design and object oriented techniques allow the individual components of the system to be modified or updated without generating a ripple effect on other information in the system **100**.

In contrast, the print media suffers from an inability to quickly adapt to changing information. Once a book or journal is published, it cannot be modified until its next publishing date. The MDATA system **100**, however, can be modified within hours of a new discovery in medicine. Easy modifiability is another way in which the MDATA system **100** is qualitatively different from previously published algorithms.

Once the medical algorithms for the MDATA system **100** are written and programmed, they can then be continuously updated and refined as advances in medicine are made. Unfortunately, physicians today are simply not able to keep up with the explosion of new medical information and technology. This ability to nearly instantaneously modify the MDATA system **100** is a powerful feature of the system.

It is presently possible for a computer to search the world's medical literature daily. Any articles pertaining to a particular topic can automatically be requested and the information used to update the system.

In addition, the MDATA system **100** is currently using optical character recognition technology to digitize its medical database. Then, using indexing techniques, the MDATA system **100** is able to search for and retrieve any information desired. For example, the system can search for the character string "headache" and retrieve any amount of surrounding text or graphic information. This information is then collected, collated, printed and referred to the physician(s) maintaining the headache algorithm. This process will become easier as more of the world's medical literature is digitized.

Global Factors—Sensitivity and Selectivity

Another way in which the MDATA system is modifiable is in its use of global sensitivity/selectivity factors. As with every decision, there is always a balance to be achieved between risk and benefit, and so with the MDATA system **100**. One of the questions the MDATA system **100** tries to answer is whether the patient needs to be seen immediately by a physician. This leads to this discussion about sensitivity and selectivity.

Sensitivity and selectivity are statistical terms that refer to how accurately a decision can be made. In this case, sensitivity refers to the number of patients which the MDATA system **100** did not think needed to be seen by a physician but that actually did.

If the program were to be so sensitive that no disease process that eventually required meaningful physician intervention would be treated at home (no false negatives), then every single complaint would necessitate a visit to the doctor, which is a useless system. On the other hand, too selective a system (no false positives) i.e., no unnecessary visits to the doctor's office, would necessitate that an attempt be made at home treatment for every complaint, which is a useless and dangerous system.

So again, a balance must be reached between these two ends of the spectrum. To achieve this, the sensitivity/selectivity ratio of the entire MDATA system **100** can be changed by setting or tuning a plurality of sensitivity factors. These sensitivity factors affect the following functions: meta thresholds, reenter horizon threshold, frequency of call back, symptom-severity filters, sequential slope filters, exponential symptom-severity filters, and probabilities of diagnoses in the

treatment table. In addition, as in the headache example, the scoring of the screening questions already weighted is modulated or modified by the sensitivity factors.

Experience from the regionalization of trauma centers in this country shows an interesting trend over time with respect to sensitivity and selectivity. It has been shown that the inverse relationship between sensitivity and selectivity, when plotted over time, yields a sinusoidal wave form in which the amplitude of the wave form gradually decreases with time as the system is "fined tuned", as shown in Table 9 (FIG. **27**). The MDATA system's sensitivity factors are designed to do just that, i.e., fine tune the system over time to find the right balance between sensitivity and selectivity.

In addition to the use of global factors, the MDATA system **100** maintains what are termed "emergency filter response sets." When a patient replies "yes" to any of the problem screening questions, the recommendation or message that follows is called an emergency filter response or "EFR." The EFR sets are modularized so that the system can customize the message that the patient hears. This allows the system **100** to match the EFR sets to the desired level of sensitivity or selectivity as well as provide information specific to an HMO or Managed Care Plan.

System Sensitivity Factors

There are ten sensitivity factors that affect threshold determination in the MDATA system **100**:

S1=system-wide (usually established by the system administrator and affects the entire MDATA system)

S2=the anatomic system of the body involved (e.g., nervous system in headache example)

S3=cause (e.g., infection causes meningitis)

S4=problem specific (established by the algorithm author at the beginning of an algorithm)

S5=question specific (within a particular algorithm)

S6=organizational specific (e.g., HMO, hospital)

S7=patient specific

S8=a reserved sensitivity factor for later use

S9=a reserved sensitivity factor for later use

S10=a reserved sensitivity factor for later use

Initially, the sensitivity factors have a value of 1.0. The sensitivity factor's value is usually inversely proportional to sensitivity; i.e., if the value is decreased, sensitivity increases.

The sensitivity factors are applied to the threshold constant value in the relational expression component of an IF-Then or If-Then-Else statement of a medical algorithm. For example, let's assume that the system **100** is in the meningitis algorithm and that a temperature greater than **102** degrees will trigger a recommendation to go to a hospital. An example of a threshold calculation without sensitivity factors follows:

```
If temp > 102 then X else Y
```

where X denotes the recommendation to go to the hospital and Y denotes a different branch point. Following is the same example, but including sensitivity factors:

```
If temp > (102*S1*S2*S3*S4*S5*S6*S7*S8*S9*S10) then
X else Y
```

The use of the sensitivity factors permits anticipation of change. Tuning the initial product of the sensitivity factors from "1.00" to "0.95" would decrease the temperature at which the system recommends a trip to the hospital. Each threshold calculation or other use of the sensitivity factors may use any number of (e.g., two factors) and any combination of the factors. Additionally, any combination of factors may be modified from the initial 1.0 value in any particular threshold calculation.

Age criteria is also modified by use of the sensitivity factors. For example: If Age>45*S1*S4 then X else Y

Examples of areas the system **100** could be tuned follow:

Anatomic system (e.g., cardiovascular)—the system is missing too many heart attacks;

Cause (infection)—the system is missing too many injuries (trauma);

Problem specific (e.g., headache)—the headache algorithm is missing too many cases of meningitis or subarachnoid bleeds;

Question specific (each question in an algorithm can be modified)—this would change the "weight" of a question in a series of weighted questions like the migraine screening questions;

Patient specific—one patient might want to be VERY careful while another might say, "in general I don't go to the doctor until I'm really sure something is wrong with me";

Organizational (e.g., Kaiser patients)—Kaiser hospital management may say that the system is missing too many cases of meningitis and may request to be more careful with their patients (send them in with a lower temperature).

The sensitivity factors affect the following system **100** functions:

(a) Re-enter Feature—the sensitivity factors affect the re-enter horizon, i.e., the amount of time after which the system **100** considers a repetition of the same complaint to be a new problem. If sensitivity increases, the re-enter horizon becomes sooner.

(b) Meta Function—the sensitivity factors affect the matching and time density ratio thresholds. By reducing the values of the system-wide and problem sensitivity factors, e.g., from 1.0 to 0.9, the matching threshold and the time density ratio are decreased:

EXAMPLE 1

Without Sensitivity Factors

```
Meta("NHDA", "****", "**********", Jun. 1, 1993,
Dec. 31, 1993)
If MC >= 3 then 100 else 101
```

EXAMPLE 1

With Sensitivity Factors

```
Meta("NHDA", "****", "**********", Jun. 1, 1993,
Dec. 31, 1993)
If MC >= (3*S1*S4) then 100 else 101
```

EXAMPLE 2

Without Sensitivity Factors

```
Meta("****", "****", "I*********", Jun. 1, 1993,
Dec. 31, 1993)
If TDR >= 2.0 then 200 else 201
```

EXAMPLE 2

With Sensitivity Factors

```
Meta("****", "****", "I*********", Jun. 1, 1993,
Dec. 31, 1993)
If TDR >= (2.0*S1*S4) then 200 else 201
```

Thus, there is no necessity to change the algorithms themselves. In other words, the factors can be modified rather than changing the algorithms.

(c) Problem Questions—To take the headache example previously used, the sum of the scores of the screening and confirmation questions (and sometimes the questions themselves) is multiplied by the sensitivity factors. The questions are also weighted, of course, depending upon how important each question is to the diagnosis. The sum of the weighted scores is compared against the threshold value that will result in either making the diagnosis of say migraine (in response to the migraine screening questions) or confirming the diagnosis of migraine in response to the migraine confirmation questions.

Thus, if we wanted to increase the sensitivity of diagnosing subarachnoid hemorrhage, we would not have to write another algorithm, but rather, simply multiply the screening and confirmation scores by the sensitivity factors.

For example, if the threshold for the MDATA system **100** to make a diagnosis of subarachnoid hemorrhage based on the sum of the weighted subarachnoid screening questions threshold is set at, say 75%, then that percentage of the sensitivity variable would make this diagnosis with a smaller score and, thus, pick up more cases. Thus, individual diagnoses within an algorithm can be "tuned" independently, and in some cases, this even applies to the individual questions themselves.

(d) Symptom Severity and Symptom Severity Trend Analysis—the sensitivity factors alter the absolute value, the first, second and third slope thresholds. With increased sensitivity, a more gently sloping line triggers an earlier medical evaluation. In the algorithm, when the system **100** makes use of any quantitatable parameter to make a decision, all of these are joined, influenced or multiplied by the sensitivity factors. As a very simple example, if the MDATA system **100** would normally make a recommendation, partly based on the age of the patient (e.g., if you are male and you are over 50 and . . .), the decision can be triggered if the patient is 49 or 48 and so on.

(e) Home Diagnostic and Treatment Kit—if the patient has a MDATA system treatment kit or a blood pressure cuff, the level at which a fever or blood pressure effects a decision can be changed.

(f) Mental Status Examination—the mental status examination can be modified at a system, or problem (algorithm) level.

(g) Clinical Sound Library—the pattern matching process (as in the clinical sound library) is quantifiable by modifying the sensitivity factors.

XIX. Video Imaging Of the Patient

There are four main types of video imaging: static black and white, static color, video black and white and video color. Each of these main types is now discussed.

Images as basic as static black and white images can provide useful information to the system **100**. Static black and white imaging is used with neural net pattern matching. This process permits analyzing for example, facial features to aid in the detection of certain diseases, such as the characteristic facies of Cushing's syndrome or the exophthalmos of Graves disease.

Color static imaging allows color frequency analysis to detect diseases that are not as readily detected with static black and white imaging, such as cyanosis of respiratory failure or the scleral icterus of hepatitis. Color thus provides an incremental benefit in the level of disease detection.

Real time black and white video imaging allows for the evaluation of physical signs such as pupillary responses, extra ocular muscle function, lid lag, and nystagmus. Cranial nerve function can be remotely evaluated, along with, for example, the distinction between central and peripheral VII nerve function.

Color video imaging, especially using fiber optics, adds much more capability in the evaluation of a patient's condition. For example, color video imaging is very useful in evaluating capillary refill or monitoring the response of a patient with cyanosis to supplemental oxygen. Another embodiment of the system **100** may employ inexpensive laser sources to perform real time holographic imaging.

XX. Benefits of the MDATA System

It is rare when the humanitarian and entrepreneurial interests of a venture overlap. The confluence of purpose that exists in the MDATA system is striking. It is a "win-win" proposition from every perspective.

Not only will the MDATA system **100** substantially reduce the overwhelming costs of our current health care system, but for the first time in history, every person can have access to high quality, 100%-consistent and affordable medical advice and information. No matter from what perspective one views the MDATA system **100**, its benefits are substantial.

The health care consumer obviously gains the most. Now, whenever he or she has a medical problem, or any member of their family, an immediate consultation can be obtained. The knowledge that the best health care information and medical advice is only a telephone call away can assuage the anxiety of everyone from new mothers to elderly patients confined to their homes.

By endorsing the MDATA system **100**, federal, state and local governments could discharge their obligation to provide a universal and affordable level of health care for all of their citizens. In addition, the MDATA system **100** helps care for patients who cannot pay, thus relieving primary care physicians of the necessity to provide care without reimbursement.

For the first time, Health Maintenance organizations and Managed Care Plans will be able to effectively screen patients by telephone in order to ensure that patients are best matched with the services they need.

Specialists can use their talents, not on the repetition of familiar rituals, but will be free to concentrate on those more challenging problems that cannot easily be resolved by the MDATA system **100**. They will also benefit from an increased number of patient referrals as well as having a well-constructed patient history when a consultation is sought.

Physicians themselves can access the MDATA system **100** in order to stay informed about new information and technological advances in the medical field. This is particularly true with the treatment, imaging, and laboratory test databases.

Medical information is a continually renewable resource because it is not consumed in its dissemination. The opportunity exists, through the MDATA system **100**, for the United States to provide much needed medical information to the world and, at the same time, bring capital into this country. In the process, this country could maintain its leadership in innovation, technology, and software development.

The United States and the world are facing a health care crisis so monumental that it is difficult to comprehend. There are diseases that threaten our very survival as a species. All of us know the apprehension and bewilderment we feel when an illness strikes. When this occurs, we need answers to specific medical questions, answers that are absolutely up-to-date, instantly available, and affordable.

The key is information: information about prevention, early detection of disease, and about its most efficient treatment. The MDATA system **100** can provide this information through the simple use of the telephone, to nearly every inhabitant of the planet. In addition, the MDATA system **100** converts and explains complicated medical terminology and concepts into language easily understood by everyone.

People do not have to be ill to consult the MDATA system **100**, just curious. Patients do not have to schedule appointments, they can simply pick up the telephone. Although many patients will later be seen by a physician, the MDATA system **100** can provide immediate help for everyone. The MDATA system **100** at once establishes egalitarian access to health care information. Although many patients in this country receive state-of-the art medical care, there is a large segment of the population that is deprived of one the most basic health care and medical information. The MDATA system **100** begins to close this enormous gap.

The MDATA system **100** begins to effect a restructuring of the health care delivery system in which both health care consumers and providers participate in the improvement of the system itself. The MDATA system **100** and its patients will be in partnership to provide the most current, economical, and concise treatment available. The upside potential is unlimited Whether one believes health care is a right or a privilege, there can be no doubt that it is fundamentally necessary. Whether one believes we have a civic responsibility or a moral obligation to care for one another, it must be done. The fundamental simplicity of the structure of the MDATA system **100** belies its power as a highly useful tool in the delivery of health care.

XXI. Optional System Configuration

A second embodiment of the MDATA system entails a major shift of how the questions and responses are delivered to the patient. Rather than the use of a telephone, the voice processing and voice response technology, the system software is published via media such as floppy disks, CD ROM, or PCMCIA cards for use on a patient's personal computer. This second embodiment is referred to as the screen version or the (Stand-Alone) SA-MDATA system. The computer could be, for example, a desktop computer, a laptop or notebook computer, or a handheld, pen-driven computer. The system questions are displayed on a display screen that is part of the computer or is connected to the computer. The patient uses a keyboard or a pointing/writing device connected to the computer to respond to the questions. The patient files are maintained and updated within the computer or on removable storage devices. The diagnosis, advice, and treatments can be displayed on the screen and also printed in hardcopy form on a printer (if available). New versions of the SA-MDATA system are either mailed to subscribers are available via modem. These new versions may include updates of the treatment table for new treatments. Another embodiment of the SA-MDATA system may include using specialized receiver devices that receive encoded FM signals on a demand basis when an event (a new treatment) triggers the device, such as described in U.S. Pat. No. 5,030,948.

A unique and separate authoring language (called File Output or FO) was used to develop the medical algorithms used in the screen version embodiment of the system **100**. Through the use of FO, the contents of text files are presented online to users, and then the users respond to questions and directions issued by the text files.

FO is designed as a typical, generalized authoring language, in which commands are embedded into text files (herein called FO files) to perform specific screen and keyboard functions. FO files are in effect programs written in the FO "language" that communicate (via FO) with the user online.

FO adds no text of its own. In fact, FO does not need to know what text file content it is executing. The programmer or author of a FO file is in complete control of the text content and the sequence in which it is presented. Using the various commands described in the Authoring Language Syntax document listed in the Microfiche Appendix, the author can display text, format the screen, ask the user questions, input responses from the user, select different text files for execution, and generally control and direct the entire session.

This version of FO is intended as a development version that gives the user much freedom at the keyboard. The user can interrupt a presentation and edit the FO file being presented. The assumption here is that the user is in fact the author or an alpha tester charged with verifying and correcting file content.

A FO file is any standard sequential ASCII text file with variable-length lines terminating with a Carriage Return (ASCII 13). Any line with a period in column one is treated as a command. A line without a leading period is treated as a print command.

The FO program processes a FO file by reading it one line at a time into memory. If the line is a text line, it is printed and the next line is loaded. If the line is a command line, the command is executed. If the command involves a wait on the user (such as a .M command), FO continues loading the FO file behind the scenes until it has been completely loaded. In this manner, FO executes the FO file as it is loading it. Once loaded, the FO file remains entirely in memory.

The system software for the screen version embodiment is written in Borland Turbo Pascal version 3.0. A second version of the system software for the screen version embodiment of the system **100** is written in Microsoft G.W. Basic and is run in interpretive mode. The Microfiche Appendix contains the following for the screen version:

Authoring Language Syntax Document;

Pascal Source Code;

System Functions; and

An Exemplary Medical Algorithm (Headache).

In yet other embodiments, other databases/files or algorithms can be used. The general system, method and procedures would remain the same. For example, a specialty field such as sports medicine could be added to the system.

The MDATA system **100** described herein finds application in many environments, and is readily adaptable for use therein. For example, the system finds use in any application that is step-oriented and can be algorithmically described. For example, the system could give car diagnostic services over the phone to a caller. Then, when the car is brought to a service facility for repairs (treatment), the caller will be informed and have a good idea of what the problem is and probable repairs will be. Accordingly, the claims are to be interpreted to encompass these and other applications of the invention within their scope and are not to be limited to the embodiments described herein.

XXII. Summary of Advantages of the Present Invention

One of the main problems of the health care crisis is the limited access to health care information when it is needed. The MDATA system provides up-to-date medical information and advice that is instantly available twenty-four hours a day. The advice that is given is 100% consistent.

The quality of the advice is much better if a physician can stop, research, and anticipate all possible causes of a problem and then systematically go about dealing with all of these possible causes. In medical practice, a physician just does this from memory.

No humans are necessary to actually give the medical advice. The MDATA system is automated which helps to bring down the cost of health care.

An exact record of the questions asked and the answers given is stored in the patient's database. The MDATAsystem time-and-date stamps the responses to the questions (as transaction records) so that an exact reconstruction of the patient's interview(s) can be generated for use by a physician or other health care professional. The system also keeps a record of what version of an algorithm has been consulted as well as the sensitivity factor set for that consultation. At the conclusion of the interaction, the MDATA system can tell the patient how long the consultation has taken and what charges have been incurred, if any.

When possible, the MDATA system **100** takes into account the past medical history of the patient, especially those pieces of information learned from past consultations with the MDATA system **100**, before advice is given. In addition, the advice given is different depending upon the age and sex of the patient. The "meta" functions provide another advantage by allowing the MDATA system **100** to evaluate a problem in the context of the patient's prior consultations with the system.

While the above detailed description has shown, described and pointed out the fundamental novel features of the invention as applied to various embodiments, it will be understood that various omissions and substitutions and changes in the form and details of the device illustrated may be made by those skilled in the art, without departing from the spirit of the invention.

What is claimed is:

1. A medical diagnostic and treatment advice system for providing information to a patient, comprising:

(a) a computer;

(b) an input device, connected to the computer, to receive information from the patient;

(c) an output device, connected to the computer, to provide information to the patient; and

(d) a plurality of medical complaint algorithms, *stored in non-transitory form on the computer,* selectively executed *by the computer* based on at least a portion of the received information, wherein any one of the medical complaint algorithms scores at least a portion of the received information and diagnoses a medical condition associated with the executed medical complaint algorithm if the score exceeds a threshold, wherein the diagnosed medical condition is communicated to the patient.

2. The medical advice system defined in claim **1**, wherein the diagnosed medical condition comprises a disease.

3. The medical advice system defined in claim **1**, wherein the selectively executed medical complaint algorithm is selected from among a group of algorithms, the algorithms specific to medical conditions including headache, convulsion and seizure, chest pain, heatstroke, altered level of consciousness, tremor, dizziness, irregular heartbeat, fainting, shortness of breath, chest injury, depression, head injury, cough, croup, high blood pressure, hyperventilation, numbness, wheezing, inhalation injury and strokes.

4. The medical advice system defined in claim **[1]** *3*, wherein the medical complaint algorithm for headache includes the following medical conditions: migraine, meningitis, brain tumor and subarachnoid hemorrhage.

5. The medical advice system defined in claim **1**, wherein selection of the selectively executed medical complaint algorithm is based on received information classified from among a group consisting of anatomic system, cause, alphabetic grouping and catalog number.

6. The medical advice system defined in claim **5**, wherein the anatomic system is selected from among a group consisting of cardiovascular, respiratory, nervous, digestive, ear/nose/throat, ophthalmology, gynecology/obstetrics, urology, blood/hematology, skin and endocrine.

7. The medical advice system defined in claim **5**, wherein the cause is selected from among a group consisting of trauma, infection, allergy/immune, poisoning, environmental, vascular, mental, genetic, endocrine/metabolic and tumor.

8. The medical advice system defined in claim **1**, wherein the input device comprises a pointing/writing device.

9. The medical advice system defined in claim **1**, wherein the output device comprises a printer.

10. The medical advice system defined in claim **1**, wherein the output device comprises a facsimile device.

11. The medical advice system defined in claim **1**, wherein the input device comprises a keyboard.

12. The medical advice system defined in claim **1**, wherein the input device comprises a dual tone multiple frequency (DTMF) signal processing system.

13. The medical advice system defined in claim **1**, wherein the input device comprises an automatic speech recognition system.

14. The medical advice system defined in claim **1**, wherein the output device comprises a visual display.

15. The medical advice system defined in claim **1**, wherein the output device comprises a speech playback system.

16. The medical advice system defined in claim **1**, additionally comprising an algorithm processor executing in the computer, wherein the plurality of medical complaint algorithms are selectively executed by the algorithm processor.

17. A computerized method of providing information to any one of a plurality of patients for use in a medical diagnostic and treatment advice system, the method comprising:

selectively executing at least one of a plurality of medical complaint algorithms;

accessing a patient medical history during an evaluation process, wherein the patient medical history comprises a plurality of files, each patient associated with at least one file uniquely associated with the patient, wherein the patient medical history is persistently stored;

determining medical advice particular to a medical condition associated with one of the medical complaint algorithms through communication with a selected one of the patients and with information stored in the patient medical history; and

providing the medical advice to the selected one of the patients.

18. The method defined in claim **17**, additionally comprising generating a diagnosis during the selective execution of one of the medical complaint algorithms.

19. The method defined in claim **18**, additionally comprising:

storing a treatment table in a medical advice system;

accessing the treatment table based on the diagnosis so as to select a treatment; and

communicating the selected treatment to the selected one of the patients.

20. The method defined in claim **17**, additionally comprising protecting a medical history of the selected one of the patients against unauthorized access.

21. A method of providing information to a patient for use in a medical diagnostic and treatment advice system comprising a computer, wherein an input and an output device connect to the computer, the method comprising:

transmitting information to the patient by the output device;

receiving information from the patient by the input device;

selectively executing one of a plurality of medical complaint algorithms based on at least a portion of the received information;

scoring at least a portion of the received information; and

diagnosing a medical condition associated with the executed medical complaint algorithm based upon a comparison of the score and a threshold.

22. The method defined in claim **21**, additionally comprising communicating medical advice to the patient via the output device if the score does not reach or exceed a threshold.

23. The method defined in claim **22**, wherein the medical advice comprises instructions to consult with a medical advice system at a later time.

24. The method defined in claim **21**, additionally comprising communicating the diagnosed medical condition and the score to the patient via the output device.

25. The method defined in claim **24**, additionally comprising communicating a treatment associated with the diagnosed medical condition to the patient via the output device.

26. The method defined in claim **21**, additionally comprising associating each of the plurality of medical complaint algorithms with one or more medical conditions.

27. The method defined in claim **21**, wherein one of the medical complaint algorithms is selectively executed on an algorithm processor in the computer.

* * * * *

专利名称(译)	计算机化的医疗诊断和治疗咨询系统		
公开(公告)号	USR43548	公开(公告)日	2012-07-24
申请号	US12/410423	申请日	2009-03-24
[标]申请(专利权)人(译)	临床决策支持		
申请(专利权)人(译)	临床决策支持，LLC		
当前申请(专利权)人(译)	临床决策支持，LLC		
[标]发明人	ILIFF EDWIN C		
发明人	ILIFF, EDWIN C.		
IPC分类号	A61B5/00 G06F19/00 G06Q50/22 G06Q50/24 G16H10/60 H04M3/493		
CPC分类号	A61B5/0002 A61B5/4094 G06F19/324 G06F19/325 G06F19/3418 G06F19/3456 G06F19/3481 G06Q50/22 G06Q50/24 G16H10/20 G16H10/60 G16H15/00 G16H40/63 G16H50/20 H04M3/493 H04M2201/40 H04M2203/355 Y10S128/92 Y10S128/925 Y10S706/924		
外部链接	Espacenet USPTO		

摘要(译)

一种用于提供计算机化的，基于知识的医学诊断和治疗建议的系统和方法。通过电话网络向公众提供医疗建议。两种新的创作语言，交互式语音响应和语音识别用于使专家和全科医生知识能够被编码以供公众访问。用于时间密度分析的“元”功能是关于每单位时间的医疗投诉数量的许多因素，是该系统的组成部分。语义差异评估器例程以及心理状态检查用于检测系统用户的意识水平。重新输入功能可监控用户随时间变化的情况。症状严重性分析有助于应对不断变化的情况。可以在全局级别或其他级别更改系统敏感度因子，以根据需要调整系统建议。