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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
18/502,813	11/06/2023	Nathaniel T. Bradley	DHP-P0001CIP3	6886

133690 7590 03/24/2026

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EXAMINER	
RAAB, CHRISTOPHER J	

ART UNIT	PAPER NUMBER
2156	

NOTIFICATION DATE	DELIVERY MODE
03/24/2026	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

USPTO@dockettrak.com
docketing@goodhue.com
eofficeaction@appcoll.com

Office Action Summary	Application No. 18/502,813	Applicant(s) Bradley et al.	
	Examiner CHRISTOPHER J RAAB	Art Unit 2156	AIA (First Inventor to File) Status No

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTHS FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☑ Responsive to communication(s) filed on 02/26/2026.

☐ A declaration(s)/affidavit(s) under **37 CFR 1.130(b)** was/were filed on _____.

2a)☐ This action is **FINAL.** 2b) ☑ This action is non-final.

3)☐ An election was made by the applicant in response to a restriction requirement set forth during the interview on _____; the restriction requirement and election have been incorporated into this action.

4)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims*

5) ☑ Claim(s) 1-20 is/are pending in the application.

5a) Of the above claim(s) _____ is/are withdrawn from consideration.

6) ☐ Claim(s) _____ is/are allowed.

7) ☑ Claim(s) 1-20 is/are rejected.

8) ☐ Claim(s) _____ is/are objected to.

9) ☐ Claim(s) _____ are subject to restriction and/or election requirement

* If any claims have been determined allowable, you may be eligible to benefit from the **Patent Prosecution Highway** program at a participating intellectual property office for the corresponding application. For more information, please see http://www.uspto.gov/patents/init_events/pph/index.jsp or send an inquiry to **PPHfeedback@uspto.gov.**

Application Papers

10)☐ The specification is objected to by the Examiner.

11)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

Certified copies:

a)☐ All b)☐ Some** c)☐ None of the:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

** See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☑ Notice of References Cited (PTO-892)

2) ☐ Information Disclosure Statement(s) (PTO/SB/08a and/or PTO/SB/08b) Paper No(s)/Mail Date _____.

3) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date _____.

4) ☐ Other: _____.

DETAILED ACTION

Notice of Pre-AIA or AIA Status

01. The present application, filed on or after March 16, 2013, is being examined under the first inventor to file provisions of the AIA.

Continued Examination Under 37 CFR 1.114

02. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on **02/26/2026** has been entered.

Response to Arguments

03. Applicant argues that the prior art reference, Douglas, does not teach all of the Applicant's claimed limitations. The claims have been amended to recite that the biometric device is "worn by each of the one or more clients". Examiner respectfully agrees that Douglas does not teach this claimed limitation. However, a new prior art reference, Stenquist, has been relied upon to teach this claim limitation.

With respect to the rest of the claim limitations, Applicant discusses most of the claim limitations found in claim 1 and argues that Douglas does not teach each of those claim limitations. However, the arguments presented by Applicant appear to be the

same or very similar to arguments that have been previously submitted and have been responded to by the Examiner, specifically in the last two office actions (08/26/2025, 02/05/2025). Since Examiner has already responded to the Applicant's arguments with respect to each of these claim limitations, Examiner directs Applicant's attention to those responses previously submitted. Additionally, Examiner notes that it appears that Applicant has not directly responded to any of the Examiner's arguments that were provided in the last two office actions. Regardless, since the same claim limitations are again being argued by Applicant and similar arguments are presented, Examiner directs Applicant's attention to the previous two office actions.

During the interview on September 04, 2025, Applicant's Representative discussed two specific claim limitations, namely the "create a baseline" and the "establishing goals" claim limitations. With respect to these limitations, Examiner has argued in the previous office action (August 26, 2025), that these claim limitations are disclosed by Douglas. Examiner specifically explained that the claim limitations are rather broad, as neither the claims nor the specification provide a definition for "behavioral data" or "performance data". Applicant continues to argue that Douglas does not teach these claim limitations, but Examiner cannot find any definition for these terms in either the claims or specification that would explain that they are anything more than any metric associated with a person (weight, blood pressure, a physical activity performed by the client, etc.). Additionally, it was explained by Examiner that Douglas teaches that the program created for each of the patients is specifically for that patient, and isn't a generic program for all clients. Applicant has not appeared to address or respond to Examiner's arguments from the last office action and/or interview.

Double Patenting

04. The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the claims at issue are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or would have been obvious over, the reference claim(s). See, e.g., In re Berg, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); In re Goodman, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); In re Longi, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); In re Van Ornum, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); In re Vogel, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and In re Thorington, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the reference application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement. See MPEP § 717.02 for applications subject to examination under the first inventor to file provisions of the AIA as explained in MPEP § 2159. See MPEP §§ 706.02(l)(1) - 706.02(l)(3) for applications not subject to examination under the first inventor to file provisions of the AIA. A terminal disclaimer must be signed in compliance with 37 CFR 1.321(b).

The USPTO Internet website contains terminal disclaimer forms which may be used. Please visit www.uspto.gov/forms/. The filing date of the application in which the form is filed determines what form (e.g., PTO/SB/25, PTO/SB/26, PTO/AIA/25, or PTO/AIA/26) should be used. A web-based eTerminal Disclaimer may be filled out completely online using web-screens. An eTerminal Disclaimer that meets all requirements is auto-processed and approved immediately upon submission. For more information about eTerminal Disclaimers, refer to http://www.uspto.gov/patents/process/file/efs/guidance/eTD-info-I.jsp.

05. **Claims 1 – 20** are rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over **claim 1 – 20** of **US Patent 11,809,431** in view of **Stenquist (US PGPub 2010/0048159)**. Although the conflicted claims are not identical, they are not patentably distinct from each other because the claims in the instant application recite the same limitations as in the prior patent, with a few changes, some of which broaden the claims and others which just give a definition to the claimed features. Please see table below:

Application 18/502,813	**Patent 11,809,431**
1. A method for tracking progression toward goals, the method comprising: receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;	1. A method for tracking progression toward goals, the method comprising: receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;

assigning each of the one or more clients to an *account*;	assigning the one or more clients to one or more *providers*, **wherein the one or more providers include at least one or more individuals available to treat or assist the one or more clients;**
create a baseline associated with each of the one or more clients, **the baseline being derived from behavioral data or performance data associated with each of the one or more clients;**	creating a baseline associated with the one or more clients;
establishing goals for each of the one or more clients **based at least in part on the baseline for each of the one or more clients;**	setting one or more goals for each of the one or more clients;
automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients including at least a wearable biometric device;	

compiling data associated with each of the one or more clients **from the one or monitoring devices;**	compiling data associated with the one or more clients over time**, wherein the data includes at least one of weight data and provider data;**
storing the compiled data associated with each of the one or more clients in a server available through one or more networks;	storing the compiled data associated with the one or more clients in a server available through one or more networks; **determining, for each goal of the one or more goals, a series of thresholds that represents progress towards the goal;**
determining whether the goals are being met in response to thresholds for the compiled data ***defined in relation to the goals and the baseline;***	determining whether progress towards each goal is being achieved by comparing the series of thresholds that represents progress towards the goal ***against the compiled data and the baseline for the compiled data; and***

automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients.	automatically communicating alerts in response to the compiled data varying from **one or more of the series of** thresholds to become significant for one of the one or more clients.
2. The method of claim 1, wherein the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices.	2. The method of claim 1, wherein the baseline is established utilizing at least one of weight data, provider data, and client data.
3. The method of claim 1, wherein the input is utilized to **automatically** establish accounts associated with **each of** the one or more clients.	3. The method of claim 1, wherein the input is utilized to establish accounts associated with the one or more clients.
4. The method of claim 1, further comprising: intervening with one of the one or more clients in response to the alerts **being automatically communicated**.	4. The method of claim 1, further comprising: intervening with one of the one or more clients in response to the alerts.
5. The method of claim 1, wherein the server is accessed through a cloud network, wherein **the one or more monitoring devices includes biometric devices**, and wherein a client	5. The method of claim 1, wherein the server is accessed through a cloud network, and wherein a client management program is executed by communications devices utilized by the

management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.	one or more providers to receive the data and track progress of the goals.
6. The method of claim 1, further comprising: performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients.	6. The method of claim 1, further comprising: performing an assessment of the one or more clients to determine the baseline associated with the one or more clients.
7. The method of claim 1, wherein each of the goals is associated with a plan of action for achieving each of the goals.	7. The method of claim 1, wherein each goal is associated with a plan of action for achieving the goals.
8. The method of claim 1, further comprising: recommending goals to the one or more clients in response to receiving the input.	8. The method of claim 1, further comprising: recommending goals to the one or more clients **and the one or more providers** in response to receiving the input.
9. The method of claim 1, further comprising: modifying the goals in response to the compiled data **varying from the baseline to become significant**.	9. The method of claim 1, further comprising: modifying the one or more goals in response to the compiled data.

10. The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.	10. The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

Claims 1 – 20 of US Patent 11,809,431 substantially disclose the claimed invention but fail to explicitly teach “automatically capturing data” by utilizing “a wearable biometric device worn by each of the one or more clients” . However, Stenquist teaches a biometric device that is worn by patients to obtain, automatically, and transmit biometric data (paragraph [0054]).

Therefore it would have been obvious to one or ordinary skill in the art at the time the invention was made to incorporate the teachings of Stenquist into the invention of the instant application in order to allow for better monitoring of patients’ health so that the data could become available to clinicians quicker so that they could provide the necessary care for their patients in a timelier manner.

Additionally, the claims in the instant application further define the baseline to define that it is based on behavioral data or performance data. However, the prior patent recites that the data includes weight data and provider data. Given that none of these claim limitations have any specific definitions associated with them, the behavioral/performance data can simply be a subset of the weight/provider data, as they encompass overlapping definitions.

Claim Rejections - 35 USC § 103

06. In the event the determination of the status of the application as subject to AIA 35 U.S.C. 102 and 103 (or as subject to pre-AIA 35 U.S.C. 102 and 103) is incorrect, any correction of the statutory basis for the rejection will not be considered a new ground of rejection if the prior art relied upon, and the rationale supporting the rejection, would be the same under either status.

07. The following is a quotation of pre-AIA 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

08. **Claims 1 – 4 and 6 – 20** are rejected under pre-AIA 35 U.S.C. 103(a) as being unpatentable over **Douglas et al. (WO 99/03045)**, hereinafter "Douglas", in view of **Stenquist (US PGPub 2010/0048159)**.

Consider **claim 1**, Douglas discloses a method for tracking goal progression (page 2 line 36 – page 3 line 2), the method comprising:

receiving input establishing clients, wherein the clients are individuals receiving treatment or assistance (page 6 line 28 – page 7 line 16, patients are entered into the system, which includes information about the patient's conditions and what treatment they are to received) ;

assigning each of the clients to an account (page 8 lines 28 – 31, page 11 line 6 – page 12 line 2, the patients are assigned to a behavior modification program, which is something that can be logged into)

create a baseline associated with each of the one or more clients, the baseline being derived from behavioral data or performance data associated with each of the one or more clients (page 6 line 28 – page 7 line 32, a patient has an initial evaluation that determines their baseline, which can include the current state of their vitals, characteristics, health, etc.);

establishing goals for each of the one or more clients, based at least in part on the baseline for each of the one or more clients (page 7 line 29 – page 8 line 9, goals and milestones are generated for the patients, which are based on the initial evaluation and baseline of the patient);

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients including at least a wearable biometric device… (page 10 lines 10 – 24, page 20 lines 3 – 44, the patient's characteristics, such as vitals, are determined, which can be obtained by way of devices, which can include a device that determines a patient's blood pressure. The updated data received about patients is managed, including the patient's vitals);

compiling data associated with each of the one or more clients from the one or more monitoring devices (page 20 lines 3 – 44, the patient's characteristics, such as vitals and progress towards goals, are determined, such that updated information about the patients is managed, including the patient's vitals);

storing the compiled data associated with each of the one or more clients in a server available through one or more networks (page 8 lines 28 – 31, the patent data is stored on a server that is accessible through a network);

determining whether the goals are being met in response to threshold for the compiled data defined in relation to the goals and the baseline (page 11 line 8 – page 12 line 2, patient progress is monitored with respect to the goals, which includes determining if a certain level of progress is being made by the patient, which can be determined based on the patient's initial state and assigned goals);

automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one or more of the clients (page 11 lines 11 – 15, an alarm can be triggered in response to patient data being significant, such as posing a health risk).

Although Douglas teaches using biometric devices to obtain patient data (page 10 lines 10 – 24), Douglas does not specifically teach that the biometric devices are worn by the client.

In the same field of endeavor, Stenquist discloses a method comprising:

a wearable biometric device worn by each of the one or more clients (paragraphs [0054], [0055], patients are provided with biometric devices that they wear, which provide biometric patient data that can be sent to a server for monitoring).

Therefore it would have been obvious to one of ordinary skill in the art at the time the invention as made to incorporate the worn biometric devices taught by Stenquist into the patient monitoring system taught by Douglas for the purpose of allowing patient data to be obtained quicker and more efficiently, so that the data can be obtained by

and reviewed either automatically or by doctors, so they a patient's health can be more accurately determined, which would lead to the ability to intervene quicker in the event the patient needs medical care.

Consider **claim 2**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices (page 6 line 28 – page 7 line 32, the baseline that is created for the patients can be obtained from the patient interacting with the system or through devices that capture patient information, such as their vitals).

Consider **claim 3**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the input is utilized to automatically establish accounts associated with each of the one or more clients (page 8 lines 28 – 31, page 11 line 6 – page 12 line 2, the behavioral modification program is generated in response to the inputs provided to the system).

Consider **claim 4**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated (page 11 lines 11 – 19, an alarm can be triggered in response to a threatening situation with the patient).

Consider **claim 6**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients (page 6 line 28 – page 7 line 32, a patient has an initial evaluation that determines their baseline, which can include the current state of their vitals, characteristics, etc.).

Consider **claim 7**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

each of the goals is associated with a plan of action for achieving each of the goals (page 7 line 5 – page 8 line 13, a program is created for the patient to assist in the achieving of goals).

Consider **claim 8**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

recommending goals to the one or more clients and the one or more providers in response to receiving the input (page 7 line 29 – page 8 line 9, goals are generated for the patients, which are based on the initial evaluation and baseline of the patient);

Consider **claim 9**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

modifying the goals in response to the complied data varying from the baseline to become significant (page 8 lines 8 – 13, page 11 lines 18 – 34, changes can be made to the goals for the patients).

Consider **claim 10**, and **as applied to claim 8 above**, Douglas discloses a method comprising:

modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients (page 8 lines 8

– 13, page 11 lines 18 – 34, changes can be made to the goals for the patients in response to determining that progress is not appropriate for that goals).

Claim 11 recites nearly the same claim limitations to those found in claim 1, albeit with a few changes to the structure of the limitations. However, nearly the same limitations are recited, and claim 11 is therefore rejected under the same rationale with respect to claim 1 above.

Claims 12 – 14 recite nearly the same claim limitations found in claims 2, 4, and 7 (respectively), and are rejected under the same rational with respect to those claims, as shown above.

Consider **claim 15**, and **as applied to claim 11 above**, Douglas discloses a system comprising:

the goals are established by the client (page 9 line 32 – page 10 line 9, patients can define their own hopes and milestones that they plan to attain, which can be used to determine goals for the clients).

Claim 16 recites nearly the same claim limitations found in claim 8, and is rejected under the same rational with respect to that claim, as shown above.

Claims 17 – 20 recite nearly the same claim limitations found in claims 1, 4, 7, 9, and 15, and are rejected under the same rational with respect to those claims, as shown above.

09. **Claim 5** is rejected under 35 U.S.C. 103 as being unpatentable over **Douglas et al. (WO 99/03045)**, hereinafter "Douglas", in view of **Stenquist (US PGPub**

2010/0048159), in further view of **Chitiveli (US PGPub 2013/0179450)**, hereinafter "Chitiveli".

Consider **claim 5**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the server is accessed through a [cloud] network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals (page 24 lines 3 – 34, a server is accessed through a network, whereby the programs are utilized by different communications devices and hardware/software).

However, Douglas and Stenquist do not specifically disclose a cloud network.

In the same field of endeavor, Chitiveli discloses a method comprising:

the server is accessed through a cloud network (paragraphs [0031], [0032], a cloud network it utilized, which is used to access a server).

Therefore it would have been obvious to one of ordinary skill in the art before the effective filing date of the claimed invention to incorporate the cloud network taught by Chitiveli into the patient monitoring system taught by Douglas and Stenquist to allow for a more complex and modern computing infrastructure to be used for the monitoring of patients and their conditions, which would also allow patients to access their health information on more modern devices/applications that could better assist them in their needs.

Conclusion

10. Any inquiry concerning this communication or earlier communications from the Examiner should be directed to Christopher Raab whose telephone number is (571) 270-1090. The Examiner can normally be reached on Monday-Friday from 9:00am to 5:00pm.

Examiner interviews are available via telephone, in-person, and video conferencing using a USPTO supplied web-based collaboration tool. To schedule an interview, applicant is encouraged to use the USPTO Automated Interview Request (AIR) at http://www.uspto.gov/interviewpractice.

If attempts to reach the Examiner by telephone are unsuccessful, the Examiner's supervisor, Ajay Bhatia can be reached on (571) 272-3906. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free) or 703-305-3028.

/CHRISTOPHER J RAAB/
Primary Examiner, Art Unit 2156

March 20, 2026

Notice of References Cited	Application/Control No. 18/502,813	Applicant(s)/Patent Under Reexamination Bradley et al.	
	Examiner CHRISTOPHER J RAAB	Art Unit 2156	Page 1 of 1

U.S. PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date YYYY-MM-DD	Name	CPC Classification	US Classification
*	A	US-20100048159-A1	2010-02-25	Stenquist; Anna	H04M11/04	455/404.1
	B					
	C					
	D					
	E					
	F					
	G					
	H					
	I					
	J					
	K					
	L					
	M					

FOREIGN PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date YYYY-MM-DD	Country	Name	CPC Classification
	N					
	O					
	P					
	Q					
	R					
	S					
	T					

NON-PATENT DOCUMENTS

*		Include as applicable: Author, Title, Date, Publisher, Edition or Volume, Pertinent Pages
	U	
	V	
	W	
	X	

*A copy of this reference is not being furnished with this Office action. (See MPEP § 707.05(a).)
Dates in YYYY-MM-DD format are publication dates. Classifications may be US or foreign.

Search Notes	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

CPC - Searched*		
Symbol	**Date**	**Examiner**
G06Q10/06, limited keyword search	12/30/2023	CJR
G06Q10/0637, limited keyword search	12/30/2023	CJR

CPC Combination Sets - Searched*		
Symbol	**Date**	**Examiner**

US Classification - Searched*			
Class	**Subclass**	**Date**	**Examiner**

* See search history printout included with this form or the SEARCH NOTES box below to determine the scope of the search.

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

Search Notes	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
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	CHRISTOPHER J RAAB	2156

Search Notes		
Search Notes	**Date**	**Examiner**
PE2E search (see attached search strategy)	12/30/2023	CJR
Inventor name search	12/30/2023	CJR
NPL search: Google Scholar	12/30/2023	CJR
Updated search	07/17/2024	CJR
Updated search	01/30/2025	CJR
Updated search	08/21/2025	CJR
IPR2024-00616 Reviewed Petition for Post Grant Review of U.S. Patent No. 11,144,554 on 03/20/2026	03/20/2026	CJR
IPR2024-00617 Reviewed Petition for Post Grant Review of U.S. Patent No. 11,151,142 on 03/20/2026	03/20/2026	CJR
IPR2024-00618 Reviewed Petition for Post Grant Review of U.S. Patent No. 10,061,812 on 03/20/2026	03/20/2026	CJR
Updated search	03/20/2026	CJR

Interference Search			
US Class/CPC Symbol	**US Subclass/CPC Group**	**Date**	**Examiner**

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

Index of Claims	Application/Control No.	Applicant(s)/Patent Under Reexamination
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✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

CLAIMS

☐ Claims renumbered in the same order as presented by applicant ☐ CPA ☐ T.D. ☐ R.1.47

CLAIM		DATE								
Final	Original	12/30/2023	07/17/2024	01/30/2025	08/21/2025	03/20/2026				
	1	✓	✓	✓	✓	✓				
	2	✓	✓	✓	✓	✓				
	3	✓	✓	✓	✓	✓				
	4	✓	✓	✓	✓	✓				
	5	✓	✓	✓	✓	✓				
	6	✓	✓	✓	✓	✓				
	7	✓	✓	✓	✓	✓				
	8	✓	✓	✓	✓	✓				
	9	✓	✓	✓	✓	✓				
	10	✓	✓	✓	✓	✓				
	11	✓	✓	✓	✓	✓				
	12	✓	✓	✓	✓	✓				
	13	✓	✓	✓	✓	✓				
	14	✓	✓	✓	✓	✓				
	15	✓	✓	✓	✓	✓				
	16	✓	✓	✓	✓	✓				
	17	✓	✓	✓	✓	✓				
	18	✓	✓	✓	✓	✓				
	19	✓	✓	✓	✓	✓				
	20	✓	✓	✓	✓	✓				

PE2E SEARCH - Search History (Prior Art)

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	British Equivalents	Time Stamp
L314	1482	(biometric ADJ (sensor OR device) WITH (wear$ OR worn)) AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2026/03/20 12:17 PM
L315	917	(biometric ADJ (sensor OR device) WITH (wear$ OR worn)) AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT)	ADJ	ON	ON	2026/03/20 12:18 PM
L316	42	(Artificial Intelligence) More like doc: US-20240078238-A1 Text: (WO-9212490-A1 OR US-6039688-A OR US-7299192-B2 OR US-20030014279-A1 OR US-10115172-B2 OR US-20080270182-A1 OR US-20110046980-A1 OR US-8825705-B2 OR US-20120253834-A1 OR US-8852115-B2 OR US-20130144646-A1 OR US-9183230-B2 OR CN-104718557-A OR US-9449355-B2 OR US-10055547-B2 OR GB-2526749-A OR US-11809431-B2 OR US-20240078238-A1 OR US-20140280136-A1 OR US-20220100754-A1).did.	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2026/03/20 12:18 PM
L317	48	(Artificial Intelligence) More like doc: US-20150205930-A1 Text: (GB-0030929-D0 OR	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA,	ADJ	ON	ON	2026/03/20 12:19 PM

		WO-03015629-A1 OR CN-1439331-A OR GB-2388898-B OR JP-2004008457-A OR US-20050055243-A1 OR CN-101912641-B OR US-8774886-B2 OR US-8313433-B2 OR US-7798961-B1 OR US-20070033074-A1 OR CN-101374457-B OR CA-2687562-C OR JP-2009080700-A OR US-20100138453-A1 OR US-8583455-B2 OR JP-5362309-B2 OR EP-2382568-A2 OR JP-2010165320-A OR US-20100191075-A1).did.	EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L318	39	(Artificial Intelligence) More like doc: US-20140280136-A1 Text: (US-7774220-B2 OR US-20020065697-A1 OR US-7299192-B2 OR US-7398217-B2 OR US-20020147626-A1 OR US-8313433-B2 OR US-20080141138-A1 OR US-8548840-B2 OR US-8489576-B2 OR US-8150726-B2 OR WO-2010048282-A1 OR US-20110046981-A1 OR US-8825705-B2 OR US-20140280136-A1 OR US-20190034494-A1 OR US-20180373763-A1 OR US-11809431-B2 OR WO-2014144749-A1 OR US-20220035805-A1 OR AU-2014228758-A1).did.	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2026/03/20 12:20 PM
L319	44	(Artificial Intelligence) More like doc: US-20030004758-A1 Text: (US-5016172-A OR US-6168563-B1 OR US-5960403-A OR US-5524645-A OR US-6039688-A OR US-6067523-A OR US-6161095-A OR AU-	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO,	ADJ	ON	ON	2026/03/20 12:20 PM

		2001268571-B2 OR US-20030004758-A1 OR US-20080071581-A1 OR US-20160357909-A1 OR US-20120109685-A1 OR US-20120232920-A1 OR US-20110071851-A1 OR GB-2514997-A OR CA-2309052-C OR US-20110071846-A1 OR US-20130067521-A1 OR US-20090171694-A1 OR CA-2837188-A1).did.	RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L320	50	(Artificial Intelligence) Similar to: 18/502,813 with 0 CPC Selections and 0 Text Selections Text: (US-10061812-B2 OR US-20170213169-A1 OR US-8190502-B2 OR US-20100306126-A1 OR US-8635142-B2 OR US-20120197818-A1 OR US-20180189708-A1 OR US-20210201239-A1 OR US-20150006214-A1 OR WO-0122307-A2 OR US-20070088676-A1 OR WO-0122253-A2 OR US-7620564-B1 OR US-10332044-B1 OR CN-101228501-A OR US-20050216324-A1 OR WO-2005091181-A1 OR US-11379800-B2 OR RU-2756199-C1 OR US-20210081905-A1 OR US-10878382-B2 OR US-20030233267-A1 OR US-11392904-B2 OR US-20230155894-A1 OR US-20210065576-A1 OR US-12367434-B2 OR US-20230004920-A1 OR US-20110112985-A1 OR US-20250371446-A1 OR US-20220215300-A1 OR US-	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN))	ADJ	ON	ON	2026/03/20 12:20 PM

		20250384371-A1 OR US-20120022949-A1 OR CA-3115172-A1 OR US-20240311719-A1 OR US-11361389-B1 OR US-20160132828-A1 OR US-20090276255-A1 OR KR-20230156874-A OR US-20030190593-A1 OR US-6460037-B1 OR CN-115456393-A OR US-20170249713-A1 OR US-20130185112-A1 OR US-20150088614-A1 OR US-11238385-B1 OR AU-2008202147-A1 OR US-20040148180-A1 OR JP-2026019191-A OR US-20060203991-A1 OR WO-2008016920-A2).did.					
L321	50	(Artificial Intelligence) Similar to: 14/418,918 with 0 CPC Selections and 0 Text Selections Text: (US-7798961-B1 OR US-20100205009-A1 OR CA-2690222-A1 OR US-20070038477-A1 OR US-20120065996-A1 OR US-20260011417-A1 OR CA-2721594-A1 OR US-20100077487-A1 OR US-20200303047-A1 OR US-20140012599-A1 OR US-8117663-B2 OR US-20250036808-A1 OR US-20160210434-A1 OR AU-2022325923-A1 OR WO-2023019065-A1 OR US-12158971-B2 OR US-20230046842-A1 OR WO-2009039124-A1 OR US-20050010442-A1 OR WO-2023159301-A1 OR US-20140276552-A1 OR US-9268906-B2 OR US-20140316817-A1	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN))	ADJ	ON	ON	2026/03/20 12:21 PM

		OR US-11139052-B2 OR US-20190172566-A1 OR US-8805900-B2 OR US-12045367-B1 OR US-20180144101-A1 OR CA-2628396-A1 OR AU-2008302445-A1 OR WO-2017180808-A1 OR US-20210398627-A1 OR US-20150324540-A1 OR US-20130262155-A1 OR WO-03040864-A2 OR US-20170206331-A1 OR EP-2955649-A2 OR US-9639615-B1 OR CA-3216188-A1 OR US-20030088439-A1 OR WO-2017015393-A1 OR US-20090198515-A1 OR DE-102010000041-A1 OR JP-2021168052-A OR GB-2490015-A OR US-20030130867-A1 OR CN-117203708-A OR US-7634419-B1 OR US-20210005324-A1 OR US-20130035946-A1).did.					
L322	50	(Artificial Intelligence) Similar to: 12/194,636 with 0 CPC Selections and 0 Text Selections Text: (WO-2010020839-A1 OR US-8165560-B2 OR US-20160345150-A1 OR US-9843916-B2 OR US-10334111-B2 OR WO-2007087077-A2 OR US-11057527-B2 OR US-20040024706-A1 OR US-9154931-B2 OR CN-1456010-A OR WO-0209409-A1 OR US-20190312976-A1 OR US-20090214000-A1 OR US-20170149983-A1 OR RS-59582-B1 OR US-20080188198-A1 OR ES-2911485-T3 OR EP-2632139-A2 OR EP-3379790-B1 OR	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN))	ADJ	ON	ON	2026/03/20 12:22 PM

		US-20130225118-A1 OR US-9706351-B1 OR US-20090291663-A1 OR US-10735903-B2 OR US-20090136006-A1 OR US-8090322-B2 OR US-9332122-B2 OR US-7409044-B2 OR WO-0233897-A2 OR US-6028915-A OR US-6574484-B1 OR US-20190335298-A1 OR US-7496182-B2 OR US-20130259030-A1 OR EP-3893458-A1 OR US-8041017-B2 OR US-9420116-B1 OR US-20120015622-A1 OR KR-20150049097-A OR EP-3893458-B1 OR US-9894504-B2 OR US-20170347252-A1 OR EP-3681137-A1 OR US-20090141870-A1 OR US-8937931-B2 OR US-12041200-B2 OR WO-2018118026-A1 OR US-8538468-B2 OR US-20050090226-A1 OR US-8903051-B2 OR US-20140307858-A1).did.					

PE2E SEARCH - Search History (Interference)

There are no Interference searches to show.

PTO/SB/30EFS (01-22)
Approved for use through 05/31/2024. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

REQUEST FOR CONTINUED EXAMINATION(RCE)TRANSMITTAL
(Submitted Only via EFS-Web)

Application Number	18/502,813	Filing Date	2023-11-06	Docket Number (if applicable)	DHP-P0001CIP3	Art Unit	2156
First Named Inventor	Nathaniel T. Bradley			Examiner Name	Christopher J RAAB		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. The Instruction Sheet for this form is located at WWW.USPTO.GOV

SUBMISSION REQUIRED UNDER 37 CFR 1.114

Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

- ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ☐ Other _____

☒ Enclosed

- ☒ Amendment/Reply
- ☐ Information Disclosure Statement (IDS)
- ☐ Affidavit(s)/ Declaration(s)
- ☐ Other _____

MISCELLANEOUS

☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months _____ (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

☐ Other _____

FEES

☒ **The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.**
The Director is hereby authorized to charge any underpayment of fees, or credit any overpayments, to Deposit Account No 506801

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

☒ Patent Practitioner Signature

☐ Applicant Signature

PTO/SB/30EFS (01-22)
Approved for use through 05/31/2024. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Signature of Registered U.S. Patent Practitioner			
Signature	/Brian D. Owens/	Date (YYYY-MM-DD)	2026-02-26
Name	Brian Dean Owens	Registration Number	55517

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether the Freedom of Information Act requires disclosure of these records.

2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.

4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.

6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).

7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspections or an issued patent.

9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

Attorney Docket No.
DHP-P0001CIP3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of: Bradley et al. **Application No.** 18/502,813 **Filing Date:** November 6, 2023 **For:** SYSTEM AND METHOD FOR ACHIEVING GOALS	**Confirmation No.** 6886 **Group Art Unit:** 2156 **Examiner:** Christopher J RAAB

AMENDMENT ACCOMPANYING A REQUEST FOR CONTINUED EXAMINATION (RCE)

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EFS-WEB

Commissioner:

In reply to the Final Office Action mailed August 26, 2025, a Request for Continued Examination has been submitted. With due respect, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims in this paper.

Remarks follow the amendments section of this paper.

AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions and listings of claims in the application:

Claim 1 (Currently Amended): A method for tracking progression toward goals, the method comprising:

receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;

assigning each of the one or more clients to an account;

create a baseline associated with each of the one or more clients, the baseline being derived from behavioral data or performance data associated with each of the one or more clients;

establishing goals for each of the one or more clients based at least in part on the baseline for each of the one or more clients;

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients including at least a wearable biometric device worn by each of the one or more clients;

compiling data associated with each of the one or more clients from the one or more monitoring devices;

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;

determining whether the goals are being met in response to thresholds for the compiled data defined in relation to the goals and the baseline; and

automatically communicating alerts in response to the compiled data varying from at

least one of the thresholds to become significant for one of the one or more clients.

Claim 2 (Original): The method of claim 1, wherein the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices.

Claim 3 (Original): The method of claim 1, wherein the input is utilized to automatically establish accounts associated with each of the one or more clients.

Claim 4 (Original): The method of claim 1, further comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated.

Claim 5 (Original): The method of claim 1, wherein the server is accessed through a cloud network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.

Claim 6 (Original): The method of claim 1, further comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients.

Claim 7 (Original): The method of claim 1, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 8 (Original): The method of claim 1, further comprising:

recommending goals to the one or more clients in response to receiving the input.

Claim 9 (Original): The method of claim 1, further comprising:

modifying the goals in response to the compiled data varying from the baseline to become significant.

Claim 10 (Original): The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

Claim 11 (Currently Amended): A system for tracking progression toward goals, the system comprising:

a server communicates with communications devices through a transceiver utilizing one or more networks, the server includes a processor that executes a client management program to:

receive input establishing an account associated with a client stored in the server, wherein the client is an individual receiving treatment or assistance;

assign the client to an account;

create a baseline associated with the client based on data from at least the client and

one or more monitoring devices including at least a wearable biometric device, the baseline being derived from behavioral data or performance data associated with each of the one or more clients;

set goals for the client based at least in part on the baseline;

compile data associated with the client received from the client and the one or more monitoring devices;

store the compiled data associated with the client in the server;

determine whether the goals are being met in response to thresholds for the compiled data defined in relation to the goals and the baseline; and

automatically communicate alerts in response to the compiled data varying from at least one of the thresholds to become significant for the client; and

a database in communication with the server configured to store at least the data, baseline, goals, and thresholds associated with the client.

Claim 12 (Original): The system according to claim 11, wherein the baseline further performs an assessment of the clients to determine the baseline associated with the client.

Claim 13 (Original): The system according to claim 11, wherein the alerts indicate that an intervention with the client is required.

Claim 14 (Original): The system according to claim 11, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 15 (Original): The system according to claim 11, wherein the goals are established by the client.

Claim 16 (Original): The system according to claim 11, wherein the client management program is further executed to:

recommend goals to the client in response to receiving the input.

Claim 17 (Currently Amended): A server comprising:

a processor for executing a set of instructions; and

a memory for storing the set of instructions, wherein the set of instructions are executed by the processor to:

receive input establishing clients receiving assistance, wherein the clients are individuals receiving treatment or assistance;

assign each of the clients to an account for treating or assisting each of the clients;

create a baseline associated with each of the clients, the baseline being derived from behavioral data or performance data associated with each of the one or more clients;

set one or more goals for each of the clients based at least in part on the baseline;

compile data in the memory, the compiled data is associated with each of the clients received from one or more monitoring devices <u>including at least a wearable biometric device worn by each of the one or more clients</u>;

determine whether the one or more goals are being met in response to thresholds for

the compiled data defined in relation to the goals and the baseline; and automatically communicate alerts in response to the compiled data varying from at least one of the thresholds to become significant for one or more of the clients.

Claim 18 (Original): The server according to claim 17, wherein the set of instructions are further executed to:
physically intervene with the one or more of the clients in response to the alerts.

Claim 19 (Original): The server according to claim 17, wherein each of the one or more goals is associated with a plan of action for achieving each of the one or more goals, and wherein the one or more goals are established by the client utilizing the baseline.

Claim 20 (Original): The server according to claim 17, wherein the one or more goals are not met if the compiled data varies from the baseline to become significant.

REMARKS

In the Final Office Action, the Examiner took the following actions:

I. Claims 1 – 20 are rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claim 1 – 20 of US Patent 11,809,431 in view of Douglas et al. (WO 99/03045);
II. Claims 1 – 4, and 6 – 20 are rejected under 35 U.S.C. 102(a)(1) as being anticipated by Douglas et al. (WO 99/03045), hereinafter "Douglas"; and
III. Claim 5 is rejected under 35 U.S.C. 103 as being unpatentable over Douglas et al. (WO 99/03045), hereinafter "Douglas", in view of Chitiveli (US PGPub 2013/0179450), hereinafter "Chitiveli".

The Final Office Action may contain statements characterizing the related art and/or the claims. Regardless of whether any such statement is expressly identified and/or discussed herein, Applicant reserves the right to disagree with any such statement or characterization in the Final Office Action.

Applicant amends claims 1, 11, and 17 without prejudice or disclaimer of its subject matter. Support for the claims may be found in the Figures, Claims, and specification including at least paragraphs [0138, 0139, 0145]. Claims 1-20 remain pending and under examination. For at least the following reasons, Applicant respectfully requests reconsideration and withdrawal of the rejections.

Double Patenting

Claims 1 – 20 are rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over **claim 1 – 20** of **US Patent 11,809,431** in view of **Douglas et al. (WO 99/03045)**. Applicants are willing to address the double patenting rejection if allowable claims are reached at the Examiner's convenience.

Claim Rejections - 35 USC § 102

Claims 1 – 4, and 6 – 20 are rejected under 35 U.S.C. 102(a)(1) as being anticipated by **Douglas et al. (WO 99/03045)**, hereinafter "Douglas". The rejection of claim 1 under 35 U.S.C. §102 as allegedly anticipated by Douglas et al. is respectfully traversed because Douglas fails to teach, suggest, or disclose, either expressly or inherently, each and every element of the claimed method arranged as recited. Anticipation requires a single reference to teach all elements of the claim in the same arrangement. Douglas simply does not.

First, claim 1 recites "receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance; assigning each of the one or more clients to an account." Douglas does not disclose assigning each client to an account as claimed. Douglas describes patient records or entries within a medical system, but merely storing or entering patient information is not the same as assigning each client to an account, which requires a structured, individualized account architecture that enables persistent tracking and individualized data aggregation. The cited passages in Douglas describe generic patient data entry rather than the claimed account-based management framework. Accordingly, this language is not disclosed.

Second, claim 1 recites "create a baseline associated with each of the one or more clients, the baseline being derived from behavioral data or performance data associated with each of the one or more clients." Douglas does not teach creating a baseline derived specifically from behavioral or performance data. At most, Douglas

discusses general medical information or vitals. A baseline derived from behavioral or performance data represents a defined reference state calculated from tracked behavior or performance metrics. Douglas neither describes calculating such a baseline nor using behavioral or performance-derived data as a baseline foundation. The Office Action's interpretation equates any stored historical data with a baseline, which impermissibly broadens the claim beyond its plain language.

Third, claim 1 recites "establishing goals for each of the one or more clients based at least in part on the baseline for each of the one or more clients." Douglas does not teach establishing goals based on a client-specific baseline. Even if Douglas discusses treatment objectives or program plans, it does not disclose generating individualized goals that are algorithmically or logically tied to a calculated baseline. The claimed causal relationship, goals derived from baseline data, is absent.

Fourth, claim 1 further recites "automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients including at least a wearable biometric device worn by each of the one or more clients." Douglas fails to disclose the required wearable biometric device worn by each client and automatic capture therefrom. The cited disclosure references medical devices or clinical measurements but does not teach wearable biometric devices that continuously or automatically capture client data as claimed. Clinical or episodic measurements entered by a provider are not equivalent to automatic capture from wearable devices. This is a substantive technological distinction, not a semantic one.

Fifth, claim 1 recites "compiling data associated with each of the one or more clients from the one or more monitoring devices" and "storing the compiled data ... in a

server available through one or more networks." Douglas does not disclose the claimed automated compilation from multiple monitoring devices into a centralized server as recited. Instead, Douglas describes provider-entered information and report generation. Manual entry or periodic uploads are not the same as the claimed automated multi-device compilation process. Anticipation cannot or should not be based on such functional substitution.

Sixth, claim 1 recites "determining whether the goals are being met in response to thresholds for the compiled data defined in relation to the goals and the baseline." Douglas does not disclose thresholds that are defined in relation to both the goals and the baseline. This relational requirement is specific and structural. Douglas may describe evaluating progress, but mere progress review is not the same as applying threshold logic tied to both baseline metrics and defined goals. The Office Action's reliance on alleged inherent "thresholds" improperly reads unstated features into the reference.

Seventh, claim 1 further requires "automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients." Douglas does not disclose automated alert generation triggered by deviations from predefined thresholds as claimed. Any discussion of reports or notifications in Douglas is not shown to be automatic, threshold-based, or triggered by deviations relative to a baseline-derived goal framework. The specific conditional alerting logic recited in the claim is absent.

Finally, even assuming arguendo that isolated pieces of Douglas could be stretched to resemble individual elements, Douglas does not disclose the ordered

combination as recited.

Douglas instead describes a provider-centric patient management system relying primarily on manual inputs and general monitoring. The claimed invention recites a distinctly automated, device-driven, threshold-based progression tracking architecture. That integrated arrangement is not found in Douglas.

Accordingly, because Douglas fails to disclose multiple express limitations and certainly does not disclose all limitations arranged as claimed, it cannot anticipate claim 1. The §102 rejection should therefore be withdrawn.

Independent claims 11 and 17 are allowable for similar reasons. Dependent claims 2-10, 12-16, and 18-20 are allowable at least based on their dependence on claims 1, 11, and 17, respectively.

CONCLUSION

In view of the foregoing, Applicant respectfully requests reconsideration of this application and the timely allowance of the pending claims.

This is a request for a three month extension of time, the small entity fee of $636 for which is being paid at the time of filing this response. A subsequent RCE request in amount of $1,144 (small entity) is included herewith; however, please grant any extensions of time required to enter this response and charge any additional required fees (including the fees under 37 C.F.R. §1.17(e)(1) for a subsequent Request for Continued Examiner) to Deposit Account 506801.

Respectfully submitted,

Goodhue, Coleman & Owens, P.C.

Dated: February 26, 2026

By: /Brian D. Owens/
Brian Dean Owens
Reg. No. 55517
(515) 218-7888

UNITED STATES
PATENT AND TRADEMARK OFFICE

P.O. Box 1450
Alexandria, VA 22313 - 1450
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ELECTRONIC ACKNOWLEDGEMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**02/26/2026 04:21:29 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	74637449	FILING DATE	11/06/2023
CUSTOMER #	133690	FIRST NAMED INVENTOR	Nathaniel T. Bradley
CORRESPONDENCE ADDRESS	-	AUTHORIZED BY	Brian Owens

Documents

TOTAL DOCUMENTS: 4

DOCUMENT		PAGES	DESCRIPTION	SIZE (KB)
DHP-P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-TRANSMITTAL_2-26-26.pdf		3	Request for Continued Examination (RCE)	1642 KB
DHP-P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-RESPONSE_2-26-26.pdf		13	-	238 KB
DHP-P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-RESPONSE_2-26-26-AMSB.pdf	(1-1)	1	Amendment Submitted/Entered with Filing of Continued Prosecution Application (CPA)/Request for Continued Examination(RCE)	162 KB
DHP-	(2-7)	6	Claims	169 KB

P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-RESPONSE_2-26-26-CLM.pdf				
DHP-P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-RESPONSE_2-26-26-REM.pdf	(8-13)	6	Applicant Arguments/Remarks Made in an Amendment	223 KB

Digest

DOCUMENT	MESSAGE DIGEST(SHA-512)
DHP-P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-TRANSMITTAL_2-26-26.pdf	885709EFFD94CCB07C47B1AF7358E9DF5B1644118F3B497C7989689F8B3019CA1062CF7F33EE79C1350E88A48F16BA436F9A2A289D0B611431064501E0F95847
DHP-P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-RESPONSE_2-26-26.pdf	FF4ED390222D2CB629D3D65FF07D3ECF26845EE25824C269100C95352BA09373D3666B92DA0E6CB1360585E73BA9C2F9C6AE3D9CE199A38530F6D25719402695
DHP-P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-RESPONSE_2-26-26-AMSB.pdf	CDFAF8BCFDDB94BDCA6FD026C6D439ABC8EC1FF65386F15AE9235BA13357C53ED6A1B4E4F0D444CD60042DD28BD02A219D56D687423183E78BF996E22FB8BDFB
DHP-P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-RESPONSE_2-26-26-CLM.pdf	22970DC14E89853210B1B524FB01FA747596E8221614F8FE27574E8F3E572DA5DDECB426F2322DB56E4C18685CFD3ACDDF244EB4FF1AEC66B0C0424CE88E6B36
DHP-P0001CIP3_18502813_SUBSEQUENT-RCE_FILED-RESPONSE_2-26-26-REM.pdf	459F7791BE64FEF4449A7C7A9A1F397D9A81A738D0C2A2A09E74671DA2B5AEEB394C799A4EF26130BA8511C48E1757E50518E7ED9C178D8EA7AD23A68BAB233E

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

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ELECTRONIC PAYMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**02/26/2026 04:21:29 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	74637449	AUTHORIZED BY	Brian Owens
CUSTOMER #	133690	FILING DATE	11/06/2023
CORRESPONDENCE ADDRESS	-	FIRST NAMED INVENTOR	Nathaniel T. Bradley

Payment Information

PAYMENT METHOD	PAYMENT TRANSACTION ID	PAYMENT AUTHORIZED BY
DA / 506801	**E20262PG22125041**	**Ashlyn Nguyen**

FEE CODE	DESCRIPTION	ITEM PRICE($)	QUANTITY	ITEM TOTAL($)
2253	EXTENSION FOR RESPONSE WITHIN THIRD MONTH, EXCEPT PROVISIONAL APPLICATIONS	636.00	1	636.00
2820	REQUEST FOR CONTINUED EXAMINATION (RCE)- 2ND AND SUBSEQUENT REQUEST (SEE 37 CFR 1.114)	1144.00	1	1144.00
			TOTAL AMOUNT:	**$1,780.00**

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New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d)

and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

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If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

PTO/SB/06 (09-11)
Approved for use through 1/31/2014. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875	Application or Docket Number 18/502,813	Filing Date 11/06/2023	☐ To be Mailed

ENTITY: ☐ LARGE ☑ SMALL ☐ MICRO

APPLICATION AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA		RATE ($)	FEE ($)
☐ BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A		N/A	
☐ SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A		N/A	
☐ EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*		x $40 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*		x $ 192 =	
☐ APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $310 ($155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
☐ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	

APPLICATION AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT	02/26/2026	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	* 20	Minus	** 20	= 0		x $80 =	0
	Independent (37 CFR 1.16(h))	* 3	Minus	*** 3	= 0		x $240 =	0
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	0

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	*	Minus	**	=		x $0 =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=		x $0 =	
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	LIE
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".	/ROSS W BROWN/
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
18/502,813	11/06/2023	Nathaniel T. Bradley	DHP-P0001CIP3	6886

133690 7590 09/17/2025

Goodhue, Coleman & Owens, P.C.
7300 Westown Parkway, Suite 110
West Des Moines, IA 50266

EXAMINER	
RAAB, CHRISTOPHER J	

ART UNIT	PAPER NUMBER
2156	

NOTIFICATION DATE	DELIVERY MODE
09/17/2025	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

USPTO@dockettrak.com
docketing@goodhue.com
eofficeaction@appcoll.com

Applicant-Initiated Interview Summary	**Application No.** 18/502,813	**Applicant(s)** Bradley et al.		
	Examiner CHRISTOPHER J RAAB	**Art Unit** 2156	**AIA (First Inventor to File) Status** No	**Page** 1 of 1

All Participants (applicant, applicants representative, PTO personnel)	**Title**	**Type**
CHRISTOPHER J RAAB	Primary Examiner	Telephonic
Brian D. Owens	Attorney	

Date of Interview: 04 September 2025

Issues Discussed:

35 U.S.C. 102

Applicant's Representative discussed the claims and argued that Douglas does not teach the baseline is derived from behavioral data or performance data associated with the clients. Examiner argued that the claims and specification do not provide specific definitions for behavioral data or performance data, beyond information that is entered into the system. Applicant's Representative argued that Douglas does not teach client-specific goal-setting logic. Examiner argued that Douglas creates a program specific for each client, that includes the client's initial evaluation and short-term progress. Applicant's Representative additionally argued that Douglas does not teach wearable biometric devices. Examiner argues that Douglas teaches devices that read biometrics, such as those that read blood pressure or heart rate. It was generally agreed that an amendment to the claims that explained that the biometric devices are more sophisticated, such as a Smartwatch or glucose monitor, would overcome the current prior art rejections. However, no specific agreement was reached with respect to the claims.

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

Applicant is reminded that a complete written statement as to the substance of the interview must be made of record in the application file. It is the applicants responsibility to provide the written statement, unless the interview was initiated by the Examiner and the Examiner has indicated that a written summary will be provided. See MPEP 713.04
Please further see:
MPEP 713.04
Title 37 Code of Federal Regulations (CFR) § 1.133 Interviews, paragraph (b)
37 CFR § 1.2 Business to be transacted in writing

Applicant recordation instructions: The formal written reply to the last Office action must include the substance of the interview. (See MPEP section 713.04). If a reply to the last Office action has already been filed, applicant is given a non-extendable period of the longer of one month or thirty days from this interview date, or the mailing date of this interview summary form, whichever is later, to file a statement of the substance of the interview.

Examiner recordation instructions: Examiners must summarize the substance of any interview of record. A complete and proper recordation of the substance of an interview should include the items listed in MPEP 713.04 for complete and proper recordation including the identification of the general thrust of each argument or issue discussed, a general indication of any other pertinent matters discussed regarding patentability and the general results or outcome of the interview, to include an indication as to whether or not agreement was reached on the issues raised.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
18/502,813	11/06/2023	Nathaniel T. Bradley	DHP-P0001CIP3	6886

133690 7590 08/26/2025

Goodhue, Coleman & Owens, P.C.
7300 Westown Parkway, Suite 110
West Des Moines, IA 50266

EXAMINER	
RAAB, CHRISTOPHER J	

ART UNIT	PAPER NUMBER
2156	

NOTIFICATION DATE	DELIVERY MODE
08/26/2025	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

USPTO@dockettrak.com
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eofficeaction@appcoll.com

Office Action Summary	Application No. 18/502,813	Applicant(s) Bradley et al.	
	Examiner CHRISTOPHER J RAAB	Art Unit 2156	AIA (First Inventor to File) Status No

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTHS FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☑ Responsive to communication(s) filed on 08/05/2025.

☐ A declaration(s)/affidavit(s) under **37 CFR 1.130(b)** was/were filed on _____.

2a)☑ This action is **FINAL.** 2b) ☐ This action is non-final.

3)☐ An election was made by the applicant in response to a restriction requirement set forth during the interview on _____; the restriction requirement and election have been incorporated into this action.

4)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims*

5) ☑ Claim(s) 1-20 is/are pending in the application.

5a) Of the above claim(s) _____ is/are withdrawn from consideration.

6) ☐ Claim(s) _____ is/are allowed.

7) ☑ Claim(s) 1-20 is/are rejected.

8) ☐ Claim(s) _____ is/are objected to.

9) ☐ Claim(s) _____ are subject to restriction and/or election requirement

* If any claims have been determined allowable, you may be eligible to benefit from the **Patent Prosecution Highway** program at a participating intellectual property office for the corresponding application. For more information, please see http://www.uspto.gov/patents/init_events/pph/index.jsp or send an inquiry to **PPHfeedback@uspto.gov.**

Application Papers

10)☐ The specification is objected to by the Examiner.

11)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

Certified copies:

a)☐ All b)☐ Some** c)☐ None of the:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

** See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☐ Notice of References Cited (PTO-892)

2) ☐ Information Disclosure Statement(s) (PTO/SB/08a and/or PTO/SB/08b) Paper No(s)/Mail Date _____.

3) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date _____.

4) ☐ Other: _____.

DETAILED ACTION

Notice of Pre-AIA or AIA Status

01. The present application, filed on or after March 16, 2013, is being examined under the first inventor to file provisions of the AIA.

Response to Amendment

02. This action is in response to Applicant's amendment filed on **02/05/2025**. **Claims 1 – 20** are pending in the present application.

Applicant's arguments and amendments are considered but are not persuasive.

This action is made final.

Response to Arguments

03. Applicant argues that Douglas does not disclose "creating a baseline associated with each of the one or more clients, the baseline being derived from behavioral data or performance data associated with each of the one or more clients". The argument presented by Applicant is that Douglas does not disclose "individualized baselines derived from behavioral or performance data". Examiner respectfully disagrees. First off, the claim recites that the baseline is "derived from behavior data or performance data", but the claim language does not provide a definition as to what "behavior data" or "performance data" is. The Applicant's specification also does not recite these specific limitations, but does however explain what a baseline is and what behavioral and performance metrics may be. Paragraph [0045] explains that baselines are created

when initial data is entered and paragraph [0166] explains that they include entered data. Therefore the "behavioral data" and "performance data" would be something that is initially entered into the system, which could be something such as the client's initial mental state. Douglas teaches that the initial state of the patient is evaluated and associated data is obtained. For example, the patient's vitals can be taken, blood pressure and weight (column 6 lines 28 – 31). It is worth noting that these vitals that are taken are for a specific patient, and that "baseline" and "goals" are specifically for an individual patient. For example, the baseline could be a patient's initial weight and the goal could be to reach a certain reduced weight (column 6 lines 18 – 20). Therefore Douglas makes it clear that the baseline is based on data relating to a specific patient.

Applicant argues that Douglas does not disclose "any kind of client-specific goal-setting logic", and that the system "solely generates alerts when patient vitals exceed static pre-configured thresholds". Examiner respectfully disagrees. Douglas specifically discloses that the program is designed for an individual patient, and can be based on the patient's initial evaluation and/or short-term progress (page 7 lines 29 – 32). Figure 6, for example, shows goals (target parameters) for a patient, which would be defined for a specific patient, as not all patients would have the same goal weight or drug intake. Page 8 lines 1 – 9 also explain how a case advisor or physician generates goals for the patient, which is done bane one specific patient information. Therefore Douglas teaches that the goals are patient specific.

Applicant argues that Douglas does not disclose "determining whether the goals are being met in response to thresholds for the compiled data defined in relation to the goals and the baseline". Examiner respectfully disagrees. Applicant previously argued

this limitation in the last response, though the claim has been amended to include that the compiled data is "defined in relation to the goals and the baseline". The claims already recited that the compiled data is associated with the clients, but this makes it little more specific in that the compiled data is defined for the goals and baseline. Douglas teaches that the compiled data is in relation to the goals and baseline for the patient. Page 11 lines 20 – 25 explain how the obtaining of data, such as the current weight of the patient, is used to determine "compiled data", such as how well the patient is conforming to the program they are on and the associated goal(s). In this instance, determining that the patient lost 5 pounds we be determined in relation to what the patient's starting weight and goal weight are. Therefore Douglas makes it clear that the compiled data is defined based on the goals and baseline of the patient program.

Applicant argues that Douglas does not teach "wearable biometric devices as claimed". Examiner respectfully disagrees. Douglas teaches that biometric devices are used for the patients, which includes medical devices that can obtain patient vitals. Page 10 lines 12 — 19 of Douglas explains an example embodiment where a medical device can be used (automatically) to capture a patients' blood pressure and heart rate. A medical device that obtains vitals for a patient would be understood to be a wearable biometric device. Examiner also points out there is no explicit language present in the claims as to what a wearable biometric device is or how it is used. Therefore, given the broadest reasonable interpretation for the wearable biometric device, a medical device that can record blood pressure would be sufficient to read on the wearable biometric device.

Applicant argues that Douglas does not teach "automatically communicating alerts in response to the complied data varying from at least one of the thresholds to become significant for one of the one or more clients". Examiner respectfully disagrees. Douglas teaches that the alerts are generated based on a patient deviating from a program/goal. Page 11 lines 12 – 14 explicit recites that the alarm is based on "actual data about the patient" being compared to "the goals and parameters residing in the system's database". This makes it clear that the alarm is generated based off a patient deviating from their specific program/goal. As a further example, page 11 lines 18 – 25 explain how the alert can be generated based on how much weight a patient has lost, which is compared to a current goal of the patient. Douglas is therefore not limited to having the alerts be "based on universal rules" and not client-specific, as argued by Applicant. In fact, it is not clear what is meant by "universal rules", as Douglas does not teach such an embodiment, but to the contrary, teaches alert rules specifically tailored to the patient's goal progression and/or deviance from a program.

Double Patenting

04. The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the claims at issue are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or

would have been obvious over, the reference claim(s). See, e.g., In re Berg, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); In re Goodman, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); In re Longi, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); In re Van Ornum, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); In re Vogel, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and In re Thorington, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the reference application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement. See MPEP § 717.02 for applications subject to examination under the first inventor to file provisions of the AIA as explained in MPEP § 2159. See MPEP §§ 706.02(l)(1) - 706.02(l)(3) for applications not subject to examination under the first inventor to file provisions of the AIA. A terminal disclaimer must be signed in compliance with 37 CFR 1.321(b).

The USPTO Internet website contains terminal disclaimer forms which may be used. Please visit www.uspto.gov/forms/. The filing date of the application in which the form is filed determines what form (e.g., PTO/SB/25, PTO/SB/26, PTO/AIA/25, or PTO/AIA/26) should be used. A web-based eTerminal Disclaimer may be filled out completely online using web-screens. An eTerminal Disclaimer that meets all requirements is auto-processed and approved immediately upon submission. For more information about eTerminal Disclaimers, refer to http://www.uspto.gov/patents/process/file/efs/guidance/eTD-info-I.jsp.

05. **Claims 1 – 20** are rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over **claim 1 – 20** of **US Patent 11,809,431** in view of **Douglas et al. (WO 99/03045)**. Although the conflicted claims are not identical, they are not patentably distinct from each other because the claims in the instant application recite the same limitations as in the prior patent, with a few changes, some of which broaden the claims and others which just give a definition to the claimed features. Please see table below:

Application 18/502,813	**Patent 11,809,431**
1. A method for tracking progression toward goals, the method comprising:	1. A method for tracking progression toward goals, the method comprising:
receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;	receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;
assigning each of the one or more clients to an *account*;	assigning the one or more clients to one or more *providers*, **wherein the one or more providers include at least one or more individuals available to treat or assist the one or more clients;**

create a baseline associated with each of the one or more clients, **the baseline being derived from behavioral data or performance data associated with each of the one or more clients;**	creating a baseline associated with the one or more clients;
establishing goals for each of the one or more clients **based at least in part on the baseline for each of the one or more clients;**	setting one or more goals for each of the one or more clients;
automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients including at least a wearable biometric device;	
compiling data associated with each of the one or more clients **from the one or monitoring devices;**	compiling data associated with the one or more clients over time**, wherein the data includes at least one of weight data and provider data;**

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;	storing the compiled data associated with the one or more clients in a server available through one or more networks;
	determining, for each goal of the one or more goals, a series of thresholds that represents progress towards the goal;
determining whether the goals are being met in response to thresholds for the compiled data ***defined in relation to the goals and the baseline;***	determining whether progress towards each goal is being achieved by comparing the series of thresholds that represents progress towards the goal ***against the compiled data and the baseline for the compiled data; and***
automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients.	automatically communicating alerts in response to the compiled data varying from **one or more of the series of** thresholds to become significant for one of the one or more clients.
2. The method of claim 1, wherein the baseline is established utilizing data from	2. The method of claim 1, wherein the baseline is established utilizing at least

1) one of the one or more clients and 2) one or more monitoring devices.	one of weight data, provider data, and client data.
3. The method of claim 1, wherein the input is utilized to **automatically** establish accounts associated with **each of** the one or more clients.	3. The method of claim 1, wherein the input is utilized to establish accounts associated with the one or more clients.
4. The method of claim 1, further comprising: intervening with one of the one or more clients in response to the alerts **being automatically communicated**.	4. The method of claim 1, further comprising: intervening with one of the one or more clients in response to the alerts.
5. The method of claim 1, wherein the server is accessed through a cloud network, wherein **the one or more monitoring devices includes biometric devices**, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.	5. The method of claim 1, wherein the server is accessed through a cloud network, and wherein a client management program is executed by communications devices utilized by the one or more providers to receive the data and track progress of the goals.
6. The method of claim 1, further comprising: performing an assessment of the one or more clients to determine the	6. The method of claim 1, further comprising: performing an assessment of the one or more clients to determine the

baseline associated with each of the one or more clients.	baseline associated with the one or more clients.
7. The method of claim 1, wherein each of the goals is associated with a plan of action for achieving each of the goals.	7. The method of claim 1, wherein each goal is associated with a plan of action for achieving the goals.
8. The method of claim 1, further comprising: recommending goals to the one or more clients in response to receiving the input.	8. The method of claim 1, further comprising: recommending goals to the one or more clients **and the one or more providers** in response to receiving the input.
9. The method of claim 1, further comprising: modifying the goals in response to the compiled data **varying from the baseline to become significant**.	9. The method of claim 1, further comprising: modifying the one or more goals in response to the compiled data.
10. The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.	10. The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

06. Claims 1 – 20 of US Patent 11,809,431 substantially disclose the claimed invention but fail to explicitly teach the “automatically capturing data” step. However,

Douglas teaches that the patient's characteristics, such as vitals, are obtained, which can be done by way of medical devices. These medical devices are able to obtain various metrics about the patients and their health, which could include anything, such as their blood pressure (page 10 lines 10 – 24, page 20 lines 3 – 44).

Additionally, the claims in the instant application further define the baseline to define that it is based on behavioral data or performance data. However, the prior patent recites that the data includes weight data and provider data. Given that none of these claim limitations have any specific definitions associated with them, the behavioral/performance data can simply be a subset of the weight/provider data, as they encompass overlapping definitions. Regardless, Douglas does teach that the baseline can be based on different patient attributes, including their vitals, current health, etc. (page 7 line 29 – page 8 line 9).

Therefore it would have been obvious to one or ordinary skill in the art at the time the invention was made to incorporate the teachings of Douglas into the Applicant's claimed invention in order to allow more specific types of data to be obtained for a patient, so that monitoring of the patient's health could include parameters beyond mental health, which would allow for practitioners to get a better idea and understanding of their patient's health so they can intervene quicker and provide better health care services.

Claim Rejections - 35 USC § 102

07. In the event the determination of the status of the application as subject to AIA 35 U.S.C. 102 and 103 (or as subject to pre-AIA 35 U.S.C. 102 and 103) is incorrect, any

correction of the statutory basis for the rejection will not be considered a new ground of rejection if the prior art relied upon, and the rationale supporting the rejection, would be the same under either status.

08. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (a)(1) the claimed invention was patented, described in a printed publication, or in public use, on sale or otherwise available to the public before the effective filing date of the claimed invention.

09. **Claims 1 – 4, and 6 – 20** are rejected under 35 U.S.C. 102(a)(1) as being anticipated by **Douglas et al. (WO 99/03045)**, hereinafter "Douglas".

Consider **claim 1**, Douglas discloses a method for tracking goal progression (page 2 line 36 – page 3 line 2), the method comprising:

receiving input establishing clients, wherein the clients are individuals receiving treatment or assistance (page 6 line 28 – page 7 line 16, patients are entered into the system, which includes information about the patient's conditions and what treatment they are to received) ;

assigning each of the clients to an account (page 8 lines 28 – 31, page 11 line 6 – page 12 line 2, the patients are assigned to a behavior modification program, which is something that can be logged into)

create a baseline associated with each of the one or more clients, the baseline being derived from behavioral data or performance data associated with each of the one or more clients (page 6 line 28 – page 7 line 32, a patient has an

initial evaluation that determines their baseline, which can include the current state of their vitals, characteristics, health, etc.);

establishing goals for each of the one or more clients, based at least in part on the baseline for each of the one or more clients (page 7 line 29 – page 8 line 9, goals and milestones are generated for the patients, which are based on the initial evaluation and baseline of the patient);

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients including at least a wearable biometric device (page 10 lines 10 – 24, page 20 lines 3 – 44, the patient's characteristics, such as vitals, are determined, which can be obtained by way of devices, which can include a device that determines a patient's blood pressure. The updated data received about patients is managed, including the patient's vitals);

compiling data associated with each of the one or more clients from the one or more monitoring devices (page 20 lines 3 – 44, the patient's characteristics, such as vitals and progress towards goals, are determined, such that updated information about the patients is managed, including the patient's vitals);

storing the compiled data associated with each of the one or more clients in a server available through one or more networks (page 8 lines 28 – 31, the patent data is stored on a server that is accessible through a network);

determining whether the goals are being met in response to threshold for the compiled data defined in relation to the goals and the baseline (page 11 line 8 – page 12 line 2, patient progress is monitored with respect to the goals, which includes

determining if a certain level of progress is being made by the patient, which can be determined based on the patient's initial state and assigned goals);

automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one or more of the clients (page 11 lines 11 – 15, an alarm can be triggered in response to patient data being significant, such as posing a health risk).

Consider **claim 2**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices (page 6 line 28 – page 7 line 32, the baseline that is created for the patients can be obtained from the patient interacting with the system or through devices that capture patient information, such as their vitals).

Consider **claim 3**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the input is utilized to automatically establish accounts associated with each of the one or more clients (page 8 lines 28 – 31, page 11 line 6 – page 12 line 2, the behavioral modification program is generated in response to the inputs provided to the system).

Consider **claim 4**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated (page 11 lines 11 – 19, an alarm can be triggered in response to a threatening situation with the patient).

Consider **claim 6**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients (page 6 line 28 – page 7 line 32, a patient has an initial evaluation that determines their baseline, which can include the current state of their vitals, characteristics, etc.).

Consider **claim 7**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

each of the goals is associated with a plan of action for achieving each of the goals (page 7 line 5 – page 8 line 13, a program is created for the patient to assist in the achieving of goals).

Consider **claim 8**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

recommending goals to the one or more clients and the one or more providers in response to receiving the input (page 7 line 29 – page 8 line 9, goals are generated for the patients, which are based on the initial evaluation and baseline of the patient);

Consider **claim 9**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

modifying the goals in response to the complied data varying from the baseline to become significant (page 8 lines 8 – 13, page 11 lines 18 – 34, changes can be made to the goals for the patients).

Consider **claim 10**, and **as applied to claim 8 above**, Douglas discloses a method comprising:

modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients (page 8 lines 8 – 13, page 11 lines 18 – 34, changes can be made to the goals for the patients in response to determining that progress is not appropriate for that goals).

Claim 11 recites nearly the same claim limitations to those found in claim 1, albeit with a few changes to the structure of the limitations. However, nearly the same limitations are recited, and claim 11 is therefore rejected under the same rationale with respect to claim 1 above.

Claims 12 – 14 recite nearly the same claim limitations found in claims 2, 4, and 7 (respectively), and are rejected under the same rational with respect to those claims, as shown above.

Consider **claim 15**, and **as applied to claim 11 above**, Douglas discloses a system comprising:

the goals are established by the client (page 9 line 32 – page 10 line 9, patients can define their own hopes and milestones that they plan to attain, which can be used to determine goals for the clients).

Claim 16 recites nearly the same claim limitations found in claim 8, and is rejected under the same rational with respect to that claim, as shown above.

Claims 17 – 20 recite nearly the same claim limitations found in claims 1, 4, 7, 9, and 15, and are rejected under the same rational with respect to those claims, as shown above.

Claim Rejections - 35 USC § 103

10. In the event the determination of the status of the application as subject to AIA 35 U.S.C. 102 and 103 (or as subject to pre-AIA 35 U.S.C. 102 and 103) is incorrect, any correction of the statutory basis for the rejection will not be considered a new ground of rejection if the prior art relied upon, and the rationale supporting the rejection, would be the same under either status.

11. The following is a quotation of 35 U.S.C. 103 which forms the basis for all obviousness rejections set forth in this Office action:

> A patent for a claimed invention may not be obtained, notwithstanding that the claimed invention is not identically disclosed as set forth in section 102 of this title, if the differences between the claimed invention and the prior art are such that the claimed invention as a whole would have been obvious before the effective filing date of the claimed invention to a person having ordinary skill in the art to which the claimed invention pertains. Patentability shall not be negated by the manner in which the invention was made.

12. **Claim 5** is rejected under 35 U.S.C. 103 as being unpatentable over **Douglas et al. (WO 99/03045)**, hereinafter "Douglas", in view of **Chitiveli (US PGPub 2013/0179450)**, hereinafter "Chitiveli".

Consider **claim 5**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the server is accessed through a [cloud] network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals (page 24 lines 3 – 34, a server is accessed through a network, whereby the programs are utilized by different communications devices and hardware/software).

However, Douglas does not specifically disclose a cloud network.

In the same field of endeavor, Chitiveli discloses a method comprising:

the server is accessed through a cloud network (paragraphs [0031], [0032], a cloud network it utilized, which is used to access a server).

Therefore it would have been obvious to one of ordinary skill in the art before the effective filing date of the claimed invention to incorporate the cloud network taught by Chitiveli into the patient monitoring system taught by Douglas to allow for a more complex and modern computing infrastructure to be used for the monitoring of patients and their conditions, which would also allow patients to access their health information on more modern devices/applications that could better assist them in their needs.

Conclusion

13. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

14. Any response to this Office Action should be **faxed to** (571) 273-8300 **or mailed to**:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Hand-delivered responses should be brought to

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314

15. Any inquiry concerning this communication or earlier communications from the Examiner should be directed to Christopher Raab whose telephone number is (571) 270-1090. The Examiner can normally be reached on Monday-Friday from 9:00am to 5:00pm.

If attempts to reach the Examiner by telephone are unsuccessful, the Examiner's supervisor, Ajay Bhatia can be reached on (571) 272-3906. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free) or 703-305-3028.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist/customer service whose telephone number is (571) 272-2600.

/CHRISTOPHER J RAAB/
Primary Examiner, Art Unit 2156

August 21, 2025

Index of Claims	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

CLAIMS

☐ Claims renumbered in the same order as presented by applicant ☐ CPA ☐ T.D. ☐ R.1.47

CLAIM		DATE								
Final	Original	12/30/2023	07/17/2024	01/30/2025	08/21/2025					
	1	✓	✓	✓	✓					
	2	✓	✓	✓	✓					
	3	✓	✓	✓	✓					
	4	✓	✓	✓	✓					
	5	✓	✓	✓	✓					
	6	✓	✓	✓	✓					
	7	✓	✓	✓	✓					
	8	✓	✓	✓	✓					
	9	✓	✓	✓	✓					
	10	✓	✓	✓	✓					
	11	✓	✓	✓	✓					
	12	✓	✓	✓	✓					
	13	✓	✓	✓	✓					
	14	✓	✓	✓	✓					
	15	✓	✓	✓	✓					
	16	✓	✓	✓	✓					
	17	✓	✓	✓	✓					
	18	✓	✓	✓	✓					
	19	✓	✓	✓	✓					
	20	✓	✓	✓	✓					

Search Notes	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

CPC - Searched*		
Symbol	**Date**	**Examiner**
G06Q10/06, limited keyword search	12/30/2023	CJR
G06Q10/0637, limited keyword search	12/30/2023	CJR

CPC Combination Sets - Searched*		
Symbol	**Date**	**Examiner**

US Classification - Searched*			
Class	**Subclass**	**Date**	**Examiner**

* See search history printout included with this form or the SEARCH NOTES box below to determine the scope of the search.

Search Notes		
Search Notes	**Date**	**Examiner**
PE2E search (see attached search strategy)	12/30/2023	CJR
Inventor name search	12/30/2023	CJR
NPL search: Google Scholar	12/30/2023	CJR
Updated search	07/17/2024	CJR
Updated search	01/30/2025	CJR
Updated search	08/21/2025	CJR

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

Search Notes	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

Interference Search			
US Class/CPC Symbol	US Subclass/CPC Group	Date	Examiner

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

PE2E SEARCH - Search History (Prior Art)

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	British Equivalents	Time Stamp
L1	2	("20110047404").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 01:24 PM
L2	10	("20090112924"|"20090192825"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:00 PM
L3	3130	account WITH client WITH provider	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L4	77	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L5	41	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L6	1	intensive trial teaching	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L7	1	reinforcement recorder	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:06 PM
L8	864	goal WITH achiev$5 WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:24 PM
L9	3158	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L10	1117	L9 AND goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L11	78	L9 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L12	23	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L13	6	Macrosolve$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:30 PM
L14	84	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:30 PM
L15	1753	alert WITH automatic$6 WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2016/07/08 04:34 PM
L16	540	alert NEAR5 automatic$6 NEAR5	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2016/07/08 04:34 PM

		threshold	DERWENT; IBM_TDB)				
L17	1110	(compile OR compiling OR compiled) WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:37 PM
L18	27	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:37 PM
L19	18	(compile OR compiling OR compiled) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:39 PM
L20	126	(score OR status) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:41 PM
L21	441	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:49 PM
L22	352	status WITH automatic$ WITH (score OR compile OR compiling OR scoring)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 10:01 PM
L23	1161	score WITH client WITH (threshold OR status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:20 PM
L24	125	well-being WITH client	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L25	385	well-being WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L26	0	well-being WITH client WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L27	90	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 11:11 AM
L28	1	"61791218"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 11:24 AM
L29	1	"15301419"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 01:30 PM
L30	55	client management program	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/03/19 10:14 AM
L31	2008	administrator SAME (client WITH provider)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/03/19 10:14 AM
L33	2	("7346545").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/04/12 02:12 PM
L34	2710	(track OR tracked OR	(US-PGPUB; USPAT;	ADJ	ON	ON	2018/04/15

		tracking) NEAR2 goal	EPO; JPO; DERWENT; IBM_TDB)				03:10 PM
L35	71	((track OR tracked OR tracking) NEAR2 goal) WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:10 PM
L36	44	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:20 PM
L37	77	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:23 PM
L38	90	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:37 PM
L39	4499	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:37 PM
L40	6	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/06/22 04:40 PM
L41	24	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:40 PM
L42	714	score WITH measurement WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:40 PM
L43	39585	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:44 PM
L54	4	("10061812").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2019/12/23 01:57 PM
L55	13	("20020065697"|"20020147626"|"20020194046"|"20080141138"|"20080281651"|"20090112924"|"20090192825"|"20100082381"|"20110029521"|"20110047404"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2019/12/23 02:26 PM
L56	27	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:29 PM
L57	1695	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:30 PM
L58	5898	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM

L59	46154	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L60	9	L57 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L61	100	L58 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L62	647	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L63	87	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L64	9	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2019/12/23 02:32 PM
L65	101	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L66	4	L57 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L67	4	L58 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L68	4	L57 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L69	5	L58 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L70	4	L57 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L71	4	L58 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L72	2	"16053141"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/23 03:16 PM
L73	191357	field WITH (treatment OR assistance)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/24 10:31 AM
L74	363	field WITH (treatment OR assistance) WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/24 02:37 PM
L75	726	(compile OR compiled OR compiling) WITH	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2020/07/24 03:04 PM

		(client OR patient) WITH (field OR treatment)	DERWENT; IBM_TDB)				
L76	11	(("4237344") or ("5377258") or ("20090048872") or ("20110295613")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2020/07/27 02:54 PM
L77	2	("20090048872"|"20110295613").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L78	2	("4237344"|"5377258").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L79	1	("20030004758").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L80	1	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L81	0	"Platform for Optimizing Goal Progression".TI.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L82	43	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L83	4	("10061812").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2020/09/29 10:20 AM
L84	88	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L85	60	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L86	41	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L87	115	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L88	95	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L89	2189	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L90	11	L89 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:02 AM
L91	4	L89 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:02 AM
L92	4	L89 AND (goal WITH	(US-PGPUB; USPAT;	ADJ	ON	ON	2020/09/29

		alert WITH client)	EPO; JPO; DERWENT; IBM_TDB)				11:02 AM
L93	10482	threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:23 PM
L94	714	threshold WITH goal WITH (plan OR met)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:23 PM
L95	43	threshold WITH goal WITH (plan OR met) WITH (treatment OR provider OR client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:24 PM
L96	22	threshold WITH goal WITH (plan OR met) WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:28 PM
L97	252	threshold WITH goal WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:46 PM
L98	103	L97 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:46 PM
L99	7	(("20120203092") or ("20080270182") or ("10098584")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2021/04/08 09:52 PM
L100	5	L99 AND threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:52 PM
L101	56	(patient OR client) WITH threshold WITH goal WITH (treat$5 OR chang$4 OR modif$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:03 PM
L102	17	L101 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:03 PM
L103	49389	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:05 PM
L104	6924	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:05 PM
L105	297	(L103 OR L104) AND (threshold WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:06 PM
L106	204	L105 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:06 PM
L107	29	(L103 OR L104) AND ((threshold WITH goal) SAME (patient OR client))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:08 PM
L108	9	L107 AND (@AD<"20130315" OR	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2021/04/08 10:08 PM

		@RLAD<"20130315")	DERWENT; IBM_TDB)				
L109	364	(treatment OR evaluation) WITH (goal) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:39 PM
L110	10	(client OR patient) WITH goal WITH threshold WITH progress$4	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:43 PM
L111	1708	(client OR patient) WITH goal WITH (threshold OR progress$4)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:43 PM
L112	902	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:45 PM
L113	362	L112 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:46 PM
L114	238	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4)) WITH (treatment OR assistance OR modify$4 OR plan)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:53 PM
L115	84	L114 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:53 PM
L116	327	(client OR patient) WITH goal WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:03 PM
L117	121	(client OR patient) WITH goal WITH (progress$4 OR threshold) WITH (modif$5 OR chang$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:03 PM
L118	1	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:27 PM
L119	327	(patient OR client) WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 07:35 PM
L120	153	L119 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 07:44 PM
L121	50097	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/08/12 02:27 PM
L122	2	("8066640").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2021/08/12 02:36 PM
L133	252	patient WITH threshold	(US-PGPUB; USPAT;	ADJ	ON	ON	2022/02/25

		WITH goal	EPO; JPO; DERWENT; IBM_TDB)				09:43 PM
L134	3051	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L135	51231	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L136	7790	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L137	30	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L138	136	L134 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L139	1130	L135 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L140	292	L136 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L141	13	L136 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L142	94	L135 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L143	13	L134 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L144	60	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L145	62	Gaynor, James.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L146	41	Paugh, Joshua.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:52 PM
L147	5	Arena, Paul.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:52 PM
L148	2	("20090192825").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2022/02/25 09:53 PM
L149	4	("11144554").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO;	ADJ	OFF	OFF	2022/02/25 10:10 PM

			DERWENT; IBM_TDB)				
L151	972	(client OR patient) WITH baseline WITH goal	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L152	73	((client OR patient) WITH baseline WITH goal) SAME threshold	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L153	154	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L154	57	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2022/07/25 11:43 AM
L155	61	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/01/13 08:53 PM
L157	139	(client OR patient)	(US-PGPUB; USPAT;	OR	ON	ON	2023/01/13

		WITH goal WITH biometric	USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				08:53 PM
L158	633	goal WITH threshold WITH rule	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/03/24 02:04 PM
L159	23	(client OR patient) WITH goal WITH threshold WITH rule	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/03/24 02:05 PM
L160	6	"17546594"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/06/12 02:15 PM
L161	2	("20110047404").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L162	10	("20090112924"|"20090192825"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L163	8062	account WITH client WITH provider	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L164	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L165	67	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L166	11	intensive trial teaching	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L167	11	reinforcement recorder	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L168	2046	goal WITH achiev$5 WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L169	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L170	2236	L9 AND goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L171	162	L9 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L172	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L173	6	Macrosolve$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L174	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L175	5501	alert WITH automatic$6 WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L176	1438	alert NEAR5 automatic$6 NEAR5 threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L177	2159	(compile OR compiling OR compiled) WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L178	58	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L179	55	(compile OR compiling OR compiled) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L180	390	(score OR status) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L181	1084	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L182	939	status WITH automatic$ WITH (score OR compile OR compiling OR scoring)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L183	4120	score WITH client WITH (threshold OR status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L184	256	well-being WITH client	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L185	1059	well-being WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L186	22	well-being WITH client WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L187	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L188	11	"61791218"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L189	3	"15301419"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L190	71	client management program	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L191	3950	administrator SAME (client WITH provider)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L192	3	("7346545").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L193	5047	(track OR tracked OR tracking) NEAR2 goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L194	141	((track OR tracked OR tracking) NEAR2 goal) WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L195	97	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L196	203	((track OR tracked OR tracking) NEAR2 goal)	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

		SAME (provider OR hospital)	DERWENT; IBM_TDB)				
L197	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L198	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L199	23	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L200	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L201	2017	score WITH measurement WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L202	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L203	4	("10061812").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L204	13	("20020065697"|"20020147626"|"20020194046"|"20080141138"|"20080281651"|"20090112924"|"20090192825"|"20100082381"|"20110029521"|"20110047404"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L205	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L206	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L207	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L208	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L209	31	L57 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L210	162	L58 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L211	1084	(status) WITH automatic$ WITH user	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

		input	DERWENT; IBM_TDB)				
L212	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L213	23	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L214	203	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L215	11	L57 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L216	11	L58 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L217	119	L57 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L218	14	L58 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L219	12	L57 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L220	14	L58 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L221	9	"16053141"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L222	364418	field WITH (treatment OR assistance)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L223	520	field WITH (treatment OR assistance) WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L224	995	(compile OR compiled OR compiling) WITH (client OR patient) WITH (field OR treatment)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L225	12	(("4237344") or ("5377258") or ("20090048872") or ("20110295613")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L226	2	("20090048872"|"20110295613").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L227	2	("4237344"|"5377258").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM

L228	1	("20030004758").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L229	5	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L230	0	"Platform for Optimizing Goal Progression".TI.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L231	92	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L232	4	("10061812").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L233	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L234	67	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L235	58	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L236	203	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L237	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L238	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L239	31	L89 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L240	119	L89 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L241	12	L89 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L242	14276	threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L243	990	threshold WITH goal WITH (plan OR met)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L244	87	threshold WITH goal WITH (plan OR met) WITH (treatment OR	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

		provider OR client)					
L245	57	threshold WITH goal WITH (plan OR met) WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L246	435	threshold WITH goal WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L247	109	L97 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L248	7	(("20120203092") or ("20080270182") or ("10098584")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L249	5	L99 AND threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L250	128	(patient OR client) WITH threshold WITH goal WITH (treat$5 OR chang$4 OR modif$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L251	18	L101 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L252	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L253	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L254	370	(L103 OR L104) AND (threshold WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L255	213	L105 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L256	40	(L103 OR L104) AND ((threshold WITH goal) SAME (patient OR client))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L257	10	L107 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L258	576	(treatment OR evaluation) WITH (goal) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L259	38	(client OR patient) WITH goal WITH threshold WITH progress$4	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L260	2214	(client OR patient) WITH goal WITH (threshold OR	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

		progress$4)					
L261	1115	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L262	351	L112 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L263	313	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4)) WITH (treatment OR assistance OR modify$4 OR plan)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L264	82	L114 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L265	490	(client OR patient) WITH goal WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L266	177	(client OR patient) WITH goal WITH (progress$4 OR threshold) WITH (modif$5 OR chang$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L267	5	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L268	490	(patient OR client) WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L269	158	L119 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L270	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L271	2	("8066640").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L272	351	patient WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L273	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L274	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L275	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L276	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L277	186	L134 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L278	1240	L135 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L279	359	L136 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L280	18	L136 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L281	105	L135 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L282	17	L134 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L283	92	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L284	69	Gaynor, James.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L285	67	Paugh, Joshua.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L286	7	Arena, Paul.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L287	2	("20090192825").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L288	4	("11144554").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L289	1141	(client OR patient) WITH baseline WITH goal	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO,	ADJ	ON	ON	2023/12/30 07:58 PM

			RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L290	96	((client OR patient) WITH baseline WITH goal) SAME threshold	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L291	183	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L292	67	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/12/30 07:58 PM
L293	67	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/12/30 07:58 PM
L294	147	(client OR patient) WITH goal WITH biometric	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA,	OR	ON	ON	2023/12/30 07:58 PM

			VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L295	688	goal WITH threshold WITH rule	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/12/30 07:58 PM
L296	24	(client OR patient) WITH goal WITH threshold WITH rule	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L297	7	"17546594"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/12/30 07:58 PM
L298	20	("10176245" OR "20050114384" OR "20060235834" OR "20080256026" OR "20090144696" OR "20090177640" OR "20100070448" OR "20100241644" OR "20100250576" OR "20110202560" OR "20140129921" OR "20180018329" OR "6795825" OR "7519608" OR "8204903" OR "8244702" OR "8510321" OR "8719252" OR	(US-PGPUB; USPAT)	OR	ON	ON	2024/03/08 03:29 PM

		"9396283" OR "9535950").pn.					
L299	20	("10176245" OR "20050114384" OR "20060235834" OR "20080256026" OR "20090144696" OR "20090177640" OR "20100070448" OR "20100241644" OR "20100250576" OR "20110202560" OR "20140129921" OR "20180018329" OR "6795825" OR "7519608" OR "8204903" OR "8244702" OR "8510321" OR "8719252" OR "9396283" OR "9535950").pn.	(US-PGPUB; USPAT)	OR	ON	ON	2024/03/08 03:29 PM
L300	79	"9903045"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2024/07/16 03:17 PM
L301	1	"9903045"	(US-PGPUB; USPAT)	OR	ON	ON	2024/07/16 03:18 PM
L303	5	"5673691".PN.	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	OFF	OFF	2024/07/17 02:44 PM

L304	2	"20030204817"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2025/01/29 03:11 PM
L305	2	"18502813"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2025/01/30 10:28 AM
L306	158	L265 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2025/01/30 10:31 AM
L307	252	(goal NEAR4 progress) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2025/01/30 10:48 AM
L308	50	L307 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2025/01/30 10:48 AM
L309	17	((goal NEAR4 progress$6) WITH threshold) SAME (patient OR client OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2025/01/30 01:02 PM
L311	2952	biometric device NEAR2 wear$4	(US-PGPUB; USPAT)	ADJ	ON	ON	2025/08/21 12:32 PM
L312	17	(biometric device NEAR2 wear$4) WITH (patient OR client)	(US-PGPUB; USPAT)	ADJ	ON	ON	2025/08/21 12:33 PM
L313	1	"18502813"	(US-PGPUB; USPAT)	ADJ	ON	ON	2025/08/21 01:29 PM

There are no Interference searches to show.

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ELECTRONIC ACKNOWLEDGEMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**08/05/2025 02:36:00 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	71702296	FILING DATE	11/06/2023
CUSTOMER #	133690	FIRST NAMED INVENTOR	Nathaniel T. Bradley
CORRESPONDENCE ADDRESS	-	AUTHORIZED BY	Brian Owens

Documents

TOTAL DOCUMENTS: 3

DOCUMENT		PAGES	DESCRIPTION	SIZE (KB)
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_8-5-25.pdf		12	-	279 KB
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_8-5-25-A....pdf	(1-1)	1	Amendment/Request for Reconsideration-After Non-Final Rejection	162 KB
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_8-5-25-CLM.pdf	(2-7)	6	Claims	169 KB

DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_8-5-25-REM.pdf	(8-12)	5	Applicant Arguments/Remarks Made in an Amendment	264 KB

Digest

DOCUMENT	MESSAGE DIGEST(SHA-512)
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_8-5-25.pdf	DF59A9416002D37CC9820325EEC8054F62CE9F4987ABBE1CEC6F839A59E7F47BD3F9500A8AB444C3E600D7912541109C37BB3EFCD95A18A5A75358C8335A5741
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This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

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ELECTRONIC PAYMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**08/05/2025 02:36:00 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	71702296	AUTHORIZED BY	Brian Owens
CUSTOMER #	133690	FILING DATE	11/06/2023
CORRESPONDENCE ADDRESS	-	FIRST NAMED INVENTOR	Nathaniel T. Bradley

Payment Information

PAYMENT METHOD	PAYMENT TRANSACTION ID	PAYMENT AUTHORIZED BY
DA / 506801	**E202585E37057404**	**Ashlyn Nguyen**

FEE CODE	DESCRIPTION	ITEM PRICE($)	QUANTITY	ITEM TOTAL($)
2253	EXTENSION FOR RESPONSE WITHIN THIRD MONTH, EXCEPT PROVISIONAL APPLICATIONS	636.00	1	636.00
			TOTAL AMOUNT:	**$636.00**

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C.

371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

Attorney Docket No.
DHP-P0001CIP3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of: Bradley et al. **Application No.** 18/502,813 **Filing Date:** November 6, 2023 **For:** SYSTEM AND METHOD FOR ACHIEVING GOALS	**Confirmation No.** 6886 **Group Art Unit:** 2156 **Examiner:** Christopher J RAAB

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EFS-WEB

Commissioner:

In reply to the Office Action mailed February 5, 2025, the shortened statutory period for response to which expires on May 5, 2025 and extends through August 5, 2025, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims in this paper.

Remarks follow the amendments section of this paper.

AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions and listings of claims in the application:

Claim 1 (Currently Amended): A method for tracking progression toward goals, the method comprising:

receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;

assigning each of the one or more clients to an account;

create a baseline associated with each of the one or more clients, the baseline being derived from behavioral data or performance data associated with each of the one or more clients;

establishing goals for each of the one or more clients based at least in part on the baseline for each of the one or more clients;

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients including at least a wearable biometric device;

compiling data associated with each of the one or more clients from the one or more monitoring devices;

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;

determining whether the goals are being met in response to thresholds for the compiled data defined in relation to the goals and the baseline; and

automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more

clients.

Claim 2 (Original): The method of claim 1, wherein the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices.

Claim 3 (Original): The method of claim 1, wherein the input is utilized to automatically establish accounts associated with each of the one or more clients.

Claim 4 (Original): The method of claim 1, further comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated.

Claim 5 (Original): The method of claim 1, wherein the server is accessed through a cloud network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.

Claim 6 (Original): The method of claim 1, further comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients.

Claim 7 (Original): The method of claim 1, wherein each of the goals is associated

with a plan of action for achieving each of the goals.

Claim 8 (Original): The method of claim 1, further comprising:

recommending goals to the one or more clients in response to receiving the input.

Claim 9 (Original): The method of claim 1, further comprising:

modifying the goals in response to the compiled data varying from the baseline to become significant.

Claim 10 (Original): The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

Claim 11 (Currently Amended): A system for tracking progression toward goals, the system comprising:

a server communicates with communications devices through a transceiver utilizing one or more networks, the server includes a processor that executes a client management program to:

receive input establishing an account associated with a client stored in the server, wherein the client is an individual receiving treatment or assistance;

assign the client to an account;

create a baseline associated with the client based on data from at least the client and one or more monitoring devices, the baseline being derived from behavioral

data or performance data associated with each of the one or more clients;

set goals for the client based at least in part on the baseline;

compile data associated with the client received from the client and the one or more monitoring devices;

store the compiled data associated with the client in the server;

determine whether the goals are being met in response to thresholds for the compiled data defined in relation to the goals and the baseline; and

automatically communicate alerts in response to the compiled data varying from at least one of the thresholds to become significant for the client; and

a database in communication with the server configured to store at least the data, baseline, goals, and thresholds associated with the client.

Claim 12 (Original): The system according to claim 11, wherein the baseline further performs an assessment of the clients to determine the baseline associated with the client.

Claim 13 (Original): The system according to claim 11, wherein the alerts indicate that an intervention with the client is required.

Claim 14 (Original): The system according to claim 11, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 15 (Original): The system according to claim 11, wherein the goals are

established by the client.

Claim 16 (Original): The system according to claim 11, wherein the client management program is further executed to:

recommend goals to the client in response to receiving the input.

Claim 17 (Currently Amended): A server comprising:

a processor for executing a set of instructions; and

a memory for storing the set of instructions, wherein the set of instructions are executed by the processor to:

receive input establishing clients receiving assistance, wherein the clients are individuals receiving treatment or assistance;

assign each of the clients to an account for treating or assisting each of the clients;

create a baseline associated with each of the clients, the baseline being derived from behavioral data or performance data associated with each of the one or more clients;

set one or more goals for each of the clients based at least in part on the baseline;

compile data in the memory, the compiled data is associated with each of the clients received from one or more monitoring devices;

determine whether the one or more goals are being met in response to thresholds for the compiled data defined in relation to the goals and the baseline; and

automatically communicate alerts in response to the compiled data varying from at least one of the thresholds to become significant for one or more of the clients.

Claim 18 (Original): The server according to claim 17, wherein the set of instructions are further executed to:

physically intervene with the one or more of the clients in response to the alerts.

Claim 19 (Original): The server according to claim 17, wherein each of the one or more goals is associated with a plan of action for achieving each of the one or more goals, and wherein the one or more goals are established by the client utilizing the baseline.

Claim 20 (Original): The server according to claim 17, wherein the one or more goals are not met if the compiled data varies from the baseline to become significant.

REMARKS

In the Office Action, the Examiner took the following actions:

I. Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431;

II. Claims 1 - 4, and 6 - 20 are rejected under 35 U.S.C. 102(a)(1) as being anticipated by Douglas et al. (WO 99/03045), hereinafter "Douglas"; and

III. Claim 5 is rejected under 35 U.S.C. 103 as being unpatentable over Douglas et al. (WO 99/03045), hereinafter "Douglas", in view of Chitiveli (US PGPub 2013/0179450), hereinafter "Chitiveli".

The Office Action may contain statements characterizing the related art and/or the claims. Regardless of whether any such statement is expressly identified and/or discussed herein, Applicant reserves the right to disagree with any such statement or characterization in the Office Action.

Applicant amends claims 1, 11, and 17 without prejudice or disclaimer of its subject matter. Support for amendments may be found in the Figures, Claims, and specification including at least paragraphs [0031, 0038, 0068, 0075, 0103, 0166]. Claims 1-20 remain pending and under examination. For at least the following reasons, Applicant respectfully requests reconsideration and withdrawal of the rejections.

Double Patenting

Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431. Applicants are willing to address the double patenting rejection if allowable claims are reached.

Claim Rejections - 35 USC§ 102

Claims 1 - 4, and 6 - 20 are rejected under 35 U.S.C. 102(a)(1) as being anticipated by **Douglas et al. (WO 99/03045),** hereinafter "Douglas". This rejection is respectfully traversed.

Claim 1 is allowable over *Douglas* because the cited reference fails to teach, suggest, or disclose, either expressly or inherently, several essential limitations of the claimed invention. Notably, the claimed method requires “creating a baseline associated with each of the one or more clients, the baseline being derived from behavioral data or performance data associated with each of the one or more clients.” In contrast, *Douglas* discloses using pre-defined physiological thresholds (e.g., heart rate, blood pressure) for generating alarms based on deviation from normal medical ranges. *Douglas* does not disclose generating individualized baselines derived from behavioral or performance data, nor does it disclose any type of personalized performance tracking framework. For at least this reason claim 1 is distinct from Douglas.

Furthermore, the claimed method includes “establishing goals for each of the one or more clients based at least in part on the baseline for each of the one or more clients.” *Douglas* is silent on any kind of client-specific goal-setting logic. The system described in *Douglas* is reactive, functioning solely to generate alerts when patient vitals exceed static, pre-configured thresholds. Douglas does not appear to

contemplate or teach goal establishment as part of a treatment or assistance program.

Additionally, the claim requires "determining whether the goals are being met in response to thresholds for the compiled data defined in relation to the goals and the baseline." This language makes clear that the claimed method does not merely compare real-time data to static limits; instead, it defines thresholds dynamically and contextually based on both client-specific goals and their personal baselines. Again, *Douglas* lacks any teaching or suggestion of comparing data against goal-related thresholds, instead relying on static alarms based on predefined medical thresholds.

The claim also recites "automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients including at least a wearable biometric device." While *Douglas* refers generally to patient sensors, it does not require or specify the use of wearable biometric devices as claimed. This explicit recitation adds another structural difference distinguishing the invention from the anticipatory scope of *Douglas*.

Finally, the claim concludes with "automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients." This language reinforces that the alerts are not merely based on universal rules but are client-specific and triggered based on goal relevance and significance, a nuanced departure from the binary alarm triggers of *Douglas*. This further distinguishes claim 1 from Douglas.

For these reasons, *Douglas* fails to disclose the claimed combination of individualized baseline creation, behavioral goal-setting, dynamic goal-based thresholds, wearable biometric data capture, and client-specific alerts based on

significance. Therefore, Claim 1 is not anticipated under 35 U.S.C. § 102 and should be found allowable.

Independent claims 11 and 17 are allowable for similar reasons. Dependent claims 2-10, 12-16, and 18-20 are allowable at least based on their dependence on claims 1, 11, and 17, respectively.

CONCLUSION

In view of the foregoing, Applicant respectfully requests reconsideration of this application and the timely allowance of the pending claims.

This is a request for a three month extension of time, the small entity fee of $636 for which is being paid at the time of filing this response. No additional fees or extensions of time are believed due; however, the Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, to fees to Deposit Account 506801.

Respectfully submitted,

Goodhue, Coleman & Owens, P.C.

Dated: August 5, 2025

By: /Brian D. Owens/
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PTO/SB/06 (09-11)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875	Application or Docket Number 18/502,813	Filing Date 11/06/2023	☐ To be Mailed

ENTITY: ☐ LARGE ☑ SMALL ☐ MICRO

APPLICATION AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA		RATE ($)	FEE ($)
☐ BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A		N/A	
☐ SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A		N/A	
☐ EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*		x $40 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*		x $192 =	
☐ APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $310 ($155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
☐ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	

APPLICATION AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT	08/05/2025	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	* 20	Minus	** 20	= 0		x $80 =	0
	Independent (37 CFR 1.16(h))	* 3	Minus	*** 3	= 0		x $240 =	0
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	0

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	*	Minus	**	=		x $0 =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=		x $0 =	
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	LIE
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".	/DONNA D SMALLS LOGAN/
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
18/502,813	11/06/2023	Nathaniel T. Bradley	DHP-P0001CIP3	6886

133690 7590 02/05/2025

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EXAMINER	
RAAB, CHRISTOPHER J	

ART UNIT	PAPER NUMBER
2156	

NOTIFICATION DATE	DELIVERY MODE
02/05/2025	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

USPTO@dockettrak.com
docketing@goodhue.com
eofficeaction@appcoll.com

Office Action Summary	Application No. 18/502,813	Applicant(s) Bradley et al.	
	Examiner CHRISTOPHER J RAAB	Art Unit 2156	AIA (FITF) Status No

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTHS FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☑ Responsive to communication(s) filed on 01/24/2025.

☐ A declaration(s)/affidavit(s) under **37 CFR 1.130(b)** was/were filed on _____.

2a)☐ This action is **FINAL.** 2b) ☑ This action is non-final.

3)☐ An election was made by the applicant in response to a restriction requirement set forth during the interview on _____; the restriction requirement and election have been incorporated into this action.

4)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims*

5) ☑ Claim(s) 1-20 is/are pending in the application.

5a) Of the above claim(s) _____ is/are withdrawn from consideration.

6) ☐ Claim(s) _____ is/are allowed.

7) ☑ Claim(s) 1-20 is/are rejected.

8) ☐ Claim(s) _____ is/are objected to.

9) ☐ Claim(s) _____ are subject to restriction and/or election requirement

* If any claims have been determined allowable, you may be eligible to benefit from the **Patent Prosecution Highway** program at a participating intellectual property office for the corresponding application. For more information, please see http://www.uspto.gov/patents/init_events/pph/index.jsp or send an inquiry to **PPHfeedback@uspto.gov.**

Application Papers

10)☐ The specification is objected to by the Examiner.

11)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

Certified copies:

a)☐ All b)☐ Some** c)☐ None of the:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

** See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☑ Notice of References Cited (PTO-892)

2) ☐ Information Disclosure Statement(s) (PTO/SB/08a and/or PTO/SB/08b) Paper No(s)/Mail Date _____.

3) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date _____.

4) ☐ Other: _____.

DETAILED ACTION

Notice of Pre-AIA or AIA Status

01. The present application, filed on or after March 16, 2013, is being examined under the first inventor to file provisions of the AIA.

Continued Examination Under 37 CFR 1.114

02. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on **01/24/2025** has been entered.

Response to Arguments

03. Applicant argues that Douglas does not teach "assigning each of the one or more clients to an account". Examiner respectfully disagrees. Applicant explains that Douglas does not use the word "account", which Examiner agrees to, but Douglas does define a type of account for the patients. For example, page 8 lines 28 – 31 of Douglas explains that a patient is "set up on the system" and that the patient "logs into the system". Additionally, page 6 line 36 – page 7 line 20 explains that a patient is in a system, which contains records for the patient and other patient files that are accessed by a case administrator by accessing the system. Having a patient be setup in a

system that can be logged into and accessed by either or both of the patient and case administrator to view information would be understood to be a type of “account” for the patient.

Applicant argues that Douglas does not disclose "determining whether the goals are being met in response to thresholds for the compiled data", in that Douglas does not specifically recite the terminology of "threshold". Examiner agrees that Douglas does not use the term "threshold", but this is something that is inherently taught in Douglas. Douglas teaches that patients have programs assigned to them and that progress towards program goals are monitored. Page 11 line 8 - page 12 line 2 explains how a patient has goals and that progress towards those goals is monitored. This is done so that it can be determined if a certain level of progress has or hasn't been made within a certain time period. Page 20 lines 33 - 37 explains that reports are generated based on patient progress towards goals, and that an achievement of a goal and/or the setting off of an alarm, which would be based on a patient deviating from a goal or certain level of progress, are utilized. Furthermore, page 21 lines 4 - 13 explain that a specific 'threshold' may be to lose a certain amount of weight in a certain time period, and if that is/isn't being met, then an alert can be triggered or a report generated. Therefore, although Douglas does not explicitly recite the word "threshold", it is clear that thresholds are being utilized for monitoring the patients and their progress towards meeting one or more goals.

Furthermore, Examiner notes that the claims very broadly recite “thresholds” and do not provide a specific definition for it. More specifically, the “determining” step in claim 1, as discussed above, mentions “thresholds”, but does not explain what they are

or how they are used. Based on the Applicant's specification and an understanding of the invention, it appears that the thresholds are some type of specific metric that is entered by the providers (doctor/practitioner) that reflects some portion or deviation from an assigned goal. The claims, however, do not supply such a definition. Given the broadest reasonable interpretation, the claimed thresholds could simply be (additional) goals or whether or not a goal has been met. Examiner suggests expanding upon what the thresholds are, how they are established, and how they are specifically used to communicate the alerts.

Applicant further argues that Douglas does not teach "automatically communicating alerts in response to the complied data varying from at least one of the thresholds to become significant for one of the one or more clients". It appears this argument stems from the same argument addressed above about whether or not Douglas teaches thresholds. Therefore, Examiner relies upon the same rational as to how Douglas inherently teaches thresholds to disclose this limitation.

Double Patenting

04. The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the claims at issue are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or

would have been obvious over, the reference claim(s). See, e.g., In re Berg, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); In re Goodman, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); In re Longi, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); In re Van Ornum, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); In re Vogel, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and In re Thorington, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the reference application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement. See MPEP § 717.02 for applications subject to examination under the first inventor to file provisions of the AIA as explained in MPEP § 2159. See MPEP §§ 706.02(l)(1) - 706.02(l)(3) for applications not subject to examination under the first inventor to file provisions of the AIA. A terminal disclaimer must be signed in compliance with 37 CFR 1.321(b).

The USPTO Internet website contains terminal disclaimer forms which may be used. Please visit www.uspto.gov/forms/. The filing date of the application in which the form is filed determines what form (e.g., PTO/SB/25, PTO/SB/26, PTO/AIA/25, or PTO/AIA/26) should be used. A web-based eTerminal Disclaimer may be filled out completely online using web-screens. An eTerminal Disclaimer that meets all requirements is auto-processed and approved immediately upon submission. For more information about eTerminal Disclaimers, refer to http://www.uspto.gov/patents/process/file/efs/guidance/eTD-info-I.jsp.

05. **Claims 1 – 20** are rejected on the ground of nonstatutory double patenting over claims 1 – 20 of prior U.S. Patent No. 11,809,431. The subject matter claimed in the instant application is fully disclosed in the referenced patent. The instant application recites a broader version of the claims recited in 11,809,431, and it is deemed an obvious variation or simplification of the prior patent. The only claim limitation in the instant application that is new/different is the "automatically capturing data" step, though this appears to just be a continuation/combination of the following claim limitation in the prior patent that recites that the data includes weight data or provider data. All of the claimed limitations in the instant application are either broader versions or minor variations of wording of the claim's limitations in the prior patent, as outlined in the table below:

Application 18/502,813	**Patent 11,809,431**
1. A method for tracking progression toward goals, the method comprising:	1. A method for tracking progression toward goals, the method comprising:
receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;	receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;
assigning each of the one or more clients to an *account*;	assigning the one or more clients to one or more *providers*, **wherein the one or more providers include at least one or more**

	individuals available to treat or assist the one or more clients;
create a baseline associated with each of the one or more clients;	creating a baseline associated with the one or more clients;
establishing goals for each of the one or more clients **based at least in part on the baseline for each of the one or more clients;**	setting one or more goals for each of the one or more clients;
automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients;	
compiling data associated with each of the one or more clients **from the one or monitoring devices;**	compiling data associated with the one or more clients over time**, wherein the data includes at least one of weight data and provider data;**

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;	storing the compiled data associated with the one or more clients in a server available through one or more networks;
	determining, for each goal of the one or more goals, a series of thresholds that represents progress towards the goal;
determining whether the goals are being met in response to thresholds for the compiled data; and	determining whether progress towards each goal is being achieved by comparing the series of thresholds that represents progress towards the goal **against the compiled data and the baseline for the compiled data; and**
automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients.	automatically communicating alerts in response to the compiled data varying from **one or more of the series of** thresholds to become significant for one of the one or more clients.
2. The method of claim 1, wherein the baseline is established utilizing data from	2. The method of claim 1, wherein the baseline is established utilizing at least

1) one of the one or more clients and 2) one or more monitoring devices.	one of weight data, provider data, and client data.
3. The method of claim 1, wherein the input is utilized to **automatically** establish accounts associated with **each of** the one or more clients.	3. The method of claim 1, wherein the input is utilized to establish accounts associated with the one or more clients.
4. The method of claim 1, further comprising: intervening with one of the one or more clients in response to the alerts **being automatically communicated**.	4. The method of claim 1, further comprising: intervening with one of the one or more clients in response to the alerts.
5. The method of claim 1, wherein the server is accessed through a cloud network, wherein **the one or more monitoring devices includes biometric devices**, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.	5. The method of claim 1, wherein the server is accessed through a cloud network, and wherein a client management program is executed by communications devices utilized by the one or more providers to receive the data and track progress of the goals.
6. The method of claim 1, further comprising: performing an assessment of the one or more clients to determine the	6. The method of claim 1, further comprising: performing an assessment of the one or more clients to determine the

baseline associated with each of the one or more clients.	baseline associated with the one or more clients.
7. The method of claim 1, wherein each of the goals is associated with a plan of action for achieving each of the goals.	7. The method of claim 1, wherein each goal is associated with a plan of action for achieving the goals.
8. The method of claim 1, further comprising: recommending goals to the one or more clients in response to receiving the input.	8. The method of claim 1, further comprising: recommending goals to the one or more clients **and the one or more providers** in response to receiving the input.
9. The method of claim 1, further comprising: modifying the goals in response to the compiled data **varying from the baseline to become significant**.	9. The method of claim 1, further comprising: modifying the one or more goals in response to the compiled data.
10. The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.	10. The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

Claim Rejections - 35 USC § 102

06. In the event the determination of the status of the application as subject to AIA 35 U.S.C. 102 and 103 (or as subject to pre-AIA 35 U.S.C. 102 and 103) is incorrect, any correction of the statutory basis for the rejection will not be considered a new ground of rejection if the prior art relied upon, and the rationale supporting the rejection, would be the same under either status.

07. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (a)(1) the claimed invention was patented, described in a printed publication, or in public use, on sale or otherwise available to the public before the effective filing date of the claimed invention.

08. **Claims 1 – 4, and 6 – 20** are rejected under 35 U.S.C. 102(a)(1) as being anticipated by **Douglas et al. (WO 99/03045)**, hereinafter "Douglas".

Consider **claim 1**, Douglas discloses a method for tracking goal progression (page 2 line 36 – page 3 line 2), the method comprising:

receiving input establishing clients, wherein the clients are individuals receiving treatment or assistance (page 6 line 28 – page 7 line 16, patients are entered into the system, which includes information about the patient's conditions and what treatment they are to received) ;

assigning each of the clients to an account (page 8 lines 28 – 31, page 11 line 6 – page 12 line 2, the patients are assigned to a behavior modification program, which is something that can be logged into)

create a baseline associated with each of the one or more clients (page 6 line 28 – page 7 line 32, a patient has an initial evaluation that determines their baseline, which can include the current state of their vitals, characteristics, etc.);

establishing goals for each of the one or more clients, based at least in part on the baseline for each of the one or more clients (page 7 line 29 – page 8 line 9, goals and milestones are generated for the patients, which are based on the initial evaluation and baseline of the patient);

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients (page 10 lines 10 – 24, page 20 lines 3 – 44, the patient's characteristics, such as vitals, are determined, which can be obtained by way of devices, such that updated information about the patients is managed, including the patient's vitals);

compiling data associated with each of the one or more clients from the one or more monitoring devices (page 20 lines 3 – 44, the patient's characteristics, such as vitals and progress towards goals, are determined, such that updated information about the patients is managed, including the patient's vitals);

storing the compiled data associated with each of the one or more clients in a server available through one or more networks (page 8 lines 28 – 31, the patent data is stored on a server that is accessible through a network);

determining whether the goals are being met in response to threshold for the compiled data (page 11 line 8 – page 12 line 2, patient progress is monitored with respect to the goals, which includes determining if a certain level of progress is being made by the patient);

automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one or more of the clients (page 11 lines 11 – 15, an alarm can be triggered in response to patient data being significant, such as posing a health risk).

Consider **claim 2**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices (page 6 line 28 – page 7 line 32, the baseline that is created for the patients can be obtained from the patient interacting with the system or through devices that capture patient information, such as their vitals).

Consider **claim 3**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the input is utilized to automatically establish accounts associated with each of the one or more clients (page 8 lines 28 – 31, page 11 line 6 – page 12 line 2, the behavioral modification program is generated in response to the inputs provided to the system).

Consider **claim 4**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated (page 11 lines 11 – 19, an alarm can be triggered in response to a threatening situation with the patient).

Consider **claim 6**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients (page 6 line 28 – page 7 line 32, a patient has an initial evaluation that determines their baseline, which can include the current state of their vitals, characteristics, etc.).

Consider **claim 7**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

each of the goals is associated with a plan of action for achieving each of the goals (page 7 line 5 – page 8 line 13, a program is created for the patient to assist in the achieving of goals).

Consider **claim 8**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

recommending goals to the one or more clients and the one or more providers in response to receiving the input (page 7 line 29 – page 8 line 9, goals are generated for the patients, which are based on the initial evaluation and baseline of the patient);

Consider **claim 9**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

modifying the goals in response to the complied data varying from the baseline to become significant (page 8 lines 8 – 13, page 11 lines 18 – 34, changes can be made to the goals for the patients).

Consider **claim 10**, and **as applied to claim 8 above**, Douglas discloses a method comprising:

modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients (page 8 lines 8

– 13, page 11 lines 18 – 34, changes can be made to the goals for the patients in response to determining that progress is not appropriate for that goals).

Claim 11 recites nearly the same claim limitations to those found in claim 1, albeit with a few changes to the structure of the limitations. However, nearly the same limitations are recited, and claim 11 is therefore rejected under the same rationale with respect to claim 1 above.

Claims 12 – 14 recite nearly the same claim limitations found in claims 2, 4, and 7 (respectively), and are rejected under the same rational with respect to those claims, as shown above.

Consider **claim 15**, and **as applied to claim 11 above**, Douglas discloses a system comprising:

the goals are established by the client (page 9 line 32 – page 10 line 9, patients can define their own hopes and milestones that they plan to attain, which can be used to determine goals for the clients).

Claim 16 recites nearly the same claim limitations found in claim 8, and is rejected under the same rational with respect to that claim, as shown above.

Claims 17 – 20 recite nearly the same claim limitations found in claims 1, 4, 7, 9, and 15, and are rejected under the same rational with respect to those claims, as shown above.

Claim Rejections - 35 USC § 103

09. In the event the determination of the status of the application as subject to AIA 35 U.S.C. 102 and 103 (or as subject to pre-AIA 35 U.S.C. 102 and 103) is incorrect, any

correction of the statutory basis for the rejection will not be considered a new ground of rejection if the prior art relied upon, and the rationale supporting the rejection, would be the same under either status.

10. The following is a quotation of 35 U.S.C. 103 which forms the basis for all obviousness rejections set forth in this Office action:

> A patent for a claimed invention may not be obtained, notwithstanding that the claimed invention is not identically disclosed as set forth in section 102 of this title, if the differences between the claimed invention and the prior art are such that the claimed invention as a whole would have been obvious before the effective filing date of the claimed invention to a person having ordinary skill in the art to which the claimed invention pertains. Patentability shall not be negated by the manner in which the invention was made.

11. **Claim 5** is rejected under 35 U.S.C. 103 as being unpatentable over **Douglas et al. (WO 99/03045)**, hereinafter "Douglas", in view of **Chitiveli (US PGPub 2013/0179450)**, hereinafter "Chitiveli".

Consider **claim 5**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the server is accessed through a [cloud] network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals (page 24 lines 3 – 34, a server is accessed through a network, whereby the programs are utilized by different communications devices and hardware/software).

However, Douglas does not specifically disclose a cloud network.

In the same field of endeavor, Chitiveli discloses a method comprising:

the server is accessed through a cloud network (paragraphs [0031], [0032], a cloud network it utilized, which is used to access a server).

Therefore it would have been obvious to one of ordinary skill in the art before the effective filing date of the claimed invention to incorporate the cloud network taught by Chitiveli into the patient monitoring system taught by Douglas to allow for a more complex and modern computing infrastructure to be used for the monitoring of patients and their conditions, which would also allow patients to access their health information on more modern devices/applications that could better assist them in their needs.

Conclusion

12. Any response to this Office Action should be **faxed to** (571) 273-8300 **or mailed to**:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Hand-delivered responses should be brought to

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314

13. Any inquiry concerning this communication or earlier communications from the Examiner should be directed to Christopher Raab whose telephone number is (571) 270-1090. The Examiner can normally be reached on Monday-Friday from 9:00am to 5:00pm.

If attempts to reach the Examiner by telephone are unsuccessful, the Examiner's supervisor, Ajay Bhatia can be reached on (571) 272-3906. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free) or 703-305-3028.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist/customer service whose telephone number is (571) 272-2600.

/CHRISTOPHER J RAAB/
Primary Examiner, Art Unit 2156

January 31, 2025

Notice of References Cited	Application/Control No. 18/502,813	Applicant(s)/Patent Under Reexamination Bradley et al.	
	Examiner CHRISTOPHER J RAAB	Art Unit 2156	Page 1 of 1

U.S. PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date YYYY-MM-DD	Name	CPC Classification	US Classification
*	A	US-20130006129-A1	2013-01-03	Muir; Randall	A61B5/14551	600/500
	B					
	C					
	D					
	E					
	F					
	G					
	H					
	I					
	J					
	K					
	L					
	M					

FOREIGN PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date YYYY-MM-DD	Country	Name	CPC Classification
	N					
	O					
	P					
	Q					
	R					
	S					
	T					

NON-PATENT DOCUMENTS

*		Include as applicable: Author, Title Date, Publisher, Edition or Volume, Pertinent Pages)
	U	
	V	
	W	
	X	

*A copy of this reference is not being furnished with this Office action. (See MPEP § 707.05(a).)
Dates in YYYY-MM-DD format are publication dates. Classifications may be US or foreign.

Search Notes	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

CPC - Searched*		
Symbol	Date	Examiner
G06Q10/06, limited keyword search	12/30/2023	CJR
G06Q10/0637, limited keyword search	12/30/2023	CJR

CPC Combination Sets - Searched*		
Symbol	Date	Examiner

US Classification - Searched*			
Class	Subclass	Date	Examiner

* See search history printout included with this form or the SEARCH NOTES box below to determine the scope of the search.

Search Notes		
Search Notes	Date	Examiner
PE2E search (see attached search strategy)	12/30/2023	CJR
Inventor name search	12/30/2023	CJR
NPL search: Google Scholar	12/30/2023	CJR
Updated search	07/17/2024	CJR
Updated search	01/30/2025	CJR

Interference Search			
US Class/CPC Symbol	US Subclass/CPC Group	Date	Examiner

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

Index of Claims	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

CLAIMS

☐ Claims renumbered in the same order as presented by applicant ☐ CPA ☐ T.D. ☐ R.1.47

CLAIM		DATE								
Final	Original	12/30/2023	07/17/2024	01/30/2025						
	1	✓	✓	✓						
	2	✓	✓	✓						
	3	✓	✓	✓						
	4	✓	✓	✓						
	5	✓	✓	✓						
	6	✓	✓	✓						
	7	✓	✓	✓						
	8	✓	✓	✓						
	9	✓	✓	✓						
	10	✓	✓	✓						
	11	✓	✓	✓						
	12	✓	✓	✓						
	13	✓	✓	✓						
	14	✓	✓	✓						
	15	✓	✓	✓						
	16	✓	✓	✓						
	17	✓	✓	✓						
	18	✓	✓	✓						
	19	✓	✓	✓						
	20	✓	✓	✓						

PE2E SEARCH - Search History (Prior Art)

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	British Equivalents	Time Stamp
L1	2	("20110047404").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 01:24 PM
L2	10	("20090112924"|"20090192825"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:00 PM
L3	3130	account WITH client WITH provider	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L4	77	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L5	41	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L6	1	intensive trial teaching	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L7	1	reinforcement recorder	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:06 PM
L8	864	goal WITH achiev$5 WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:24 PM
L9	3158	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L10	1117	L9 AND goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L11	78	L9 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L12	23	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L13	6	Macrosolve$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:30 PM
L14	84	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:30 PM
L15	1753	alert WITH automatic$6 WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2016/07/08 04:34 PM
L16	540	alert NEAR5 automatic$6 NEAR5	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2016/07/08 04:34 PM

		threshold	DERWENT; IBM_TDB)				
L17	1110	(compile OR compiling OR compiled) WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:37 PM
L18	27	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:37 PM
L19	18	(compile OR compiling OR compiled) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:39 PM
L20	126	(score OR status) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:41 PM
L21	441	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:49 PM
L22	352	status WITH automatic$ WITH (score OR compile OR compiling OR scoring)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 10:01 PM
L23	1161	score WITH client WITH (threshold OR status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:20 PM
L24	125	well-being WITH client	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L25	385	well-being WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L26	0	well-being WITH client WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L27	90	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 11:11 AM
L28	1	"61791218"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 11:24 AM
L29	1	"15301419"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 01:30 PM
L30	55	client management program	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/03/19 10:14 AM
L31	2008	administrator SAME (client WITH provider)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/03/19 10:14 AM
L33	2	("7346545").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/04/12 02:12 PM
L34	2710	(track OR tracked OR	(US-PGPUB; USPAT;	ADJ	ON	ON	2018/04/15

		tracking) NEAR2 goal	EPO; JPO; DERWENT; IBM_TDB)				03:10 PM
L35	71	((track OR tracked OR tracking) NEAR2 goal) WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:10 PM
L36	44	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:20 PM
L37	77	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:23 PM
L38	90	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:37 PM
L39	4499	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:37 PM
L40	6	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/06/22 04:40 PM
L41	24	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:40 PM
L42	714	score WITH measurement WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:40 PM
L43	39585	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:44 PM
L54	4	("10061812").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2019/12/23 01:57 PM
L55	13	("20020065697"|"20020147626"|"20020194046"|"20080141138"|"20080281651"|"20090112924"|"20090192825"|"20100082381"|"20110029521"|"20110047404"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2019/12/23 02:26 PM
L56	27	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:29 PM
L57	1695	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:30 PM
L58	5898	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM

L59	46154	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L60	9	L57 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L61	100	L58 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L62	647	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L63	87	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L64	9	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2019/12/23 02:32 PM
L65	101	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L66	4	L57 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L67	4	L58 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L68	4	L57 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L69	5	L58 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L70	4	L57 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L71	4	L58 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L72	2	"16053141"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/23 03:16 PM
L73	191357	field WITH (treatment OR assistance)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/24 10:31 AM
L74	363	field WITH (treatment OR assistance) WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/24 02:37 PM
L75	726	(compile OR compiled OR compiling) WITH	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2020/07/24 03:04 PM

		(client OR patient) WITH (field OR treatment)	DERWENT; IBM_TDB)				
L76	11	(("4237344") or ("5377258") or ("20090048872") or ("20110295613")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2020/07/27 02:54 PM
L77	2	("20090048872"|"20110295613").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L78	2	("4237344"|"5377258").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L79	1	("20030004758").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L80	1	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L81	0	"Platform for Optimizing Goal Progression".TI.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L82	43	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L83	4	("10061812").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2020/09/29 10:20 AM
L84	88	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L85	60	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L86	41	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L87	115	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L88	95	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L89	2189	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L90	11	L89 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:02 AM
L91	4	L89 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:02 AM
L92	4	L89 AND (goal WITH	(US-PGPUB; USPAT;	ADJ	ON	ON	2020/09/29

		alert WITH client)	EPO; JPO; DERWENT; IBM_TDB)				11:02 AM
L93	10482	threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:23 PM
L94	714	threshold WITH goal WITH (plan OR met)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:23 PM
L95	43	threshold WITH goal WITH (plan OR met) WITH (treatment OR provider OR client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:24 PM
L96	22	threshold WITH goal WITH (plan OR met) WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:28 PM
L97	252	threshold WITH goal WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:46 PM
L98	103	L97 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:46 PM
L99	7	(("20120203092") or ("20080270182") or ("10098584")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2021/04/08 09:52 PM
L100	5	L99 AND threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:52 PM
L101	56	(patient OR client) WITH threshold WITH goal WITH (treat$5 OR chang$4 OR modif$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:03 PM
L102	17	L101 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:03 PM
L103	49389	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:05 PM
L104	6924	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:05 PM
L105	297	(L103 OR L104) AND (threshold WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:06 PM
L106	204	L105 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:06 PM
L107	29	(L103 OR L104) AND ((threshold WITH goal) SAME (patient OR client))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:08 PM
L108	9	L107 AND (@AD<"20130315" OR	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2021/04/08 10:08 PM

		@RLAD<"20130315")	DERWENT; IBM_TDB)				
L109	364	(treatment OR evaluation) WITH (goal) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:39 PM
L110	10	(client OR patient) WITH goal WITH threshold WITH progress$4	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:43 PM
L111	1708	(client OR patient) WITH goal WITH (threshold OR progress$4)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:43 PM
L112	902	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:45 PM
L113	362	L112 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:46 PM
L114	238	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4)) WITH (treatment OR assistance OR modify$4 OR plan)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:53 PM
L115	84	L114 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:53 PM
L116	327	(client OR patient) WITH goal WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:03 PM
L117	121	(client OR patient) WITH goal WITH (progress$4 OR threshold) WITH (modif$5 OR chang$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:03 PM
L118	1	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:27 PM
L119	327	(patient OR client) WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 07:35 PM
L120	153	L119 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 07:44 PM
L121	50097	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/08/12 02:27 PM
L122	2	("8066640").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2021/08/12 02:36 PM
L133	252	patient WITH threshold	(US-PGPUB; USPAT;	ADJ	ON	ON	2022/02/25

		WITH goal	EPO; JPO; DERWENT; IBM_TDB)				09:43 PM
L134	3051	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L135	51231	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L136	7790	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L137	30	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L138	136	L134 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L139	1130	L135 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L140	292	L136 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L141	13	L136 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L142	94	L135 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L143	13	L134 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L144	60	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L145	62	Gaynor, James.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L146	41	Paugh, Joshua.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:52 PM
L147	5	Arena, Paul.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:52 PM
L148	2	("20090192825").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2022/02/25 09:53 PM
L149	4	("11144554").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO;	ADJ	OFF	OFF	2022/02/25 10:10 PM

			DERWENT; IBM_TDB)				
L151	972	(client OR patient) WITH baseline WITH goal	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L152	73	((client OR patient) WITH baseline WITH goal) SAME threshold	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L153	154	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L154	57	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2022/07/25 11:43 AM
L155	61	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/01/13 08:53 PM
L157	139	(client OR patient)	(US-PGPUB; USPAT;	OR	ON	ON	2023/01/13

		WITH goal WITH biometric	USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				08:53 PM
L158	633	goal WITH threshold WITH rule	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/03/24 02:04 PM
L159	23	(client OR patient) WITH goal WITH threshold WITH rule	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/03/24 02:05 PM
L160	6	"17546594"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/06/12 02:15 PM
L161	2	("20110047404").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L162	10	("20090112924"|"20090192825"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L163	8062	account WITH client WITH provider	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L164	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L165	67	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L166	11	intensive trial teaching	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L167	11	reinforcement recorder	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L168	2046	goal WITH achiev$5 WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L169	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L170	2236	L9 AND goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L171	162	L9 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L172	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L173	6	Macrosolve$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L174	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L175	5501	alert WITH automatic$6 WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L176	1438	alert NEAR5 automatic$6 NEAR5 threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L177	2159	(compile OR compiling OR compiled) WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L178	58	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L179	55	(compile OR compiling OR compiled) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L180	390	(score OR status) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L181	1084	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L182	939	status WITH automatic$ WITH (score OR compile OR compiling OR scoring)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L183	4120	score WITH client WITH (threshold OR status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L184	256	well-being WITH client	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L185	1059	well-being WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L186	22	well-being WITH client WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L187	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L188	11	"61791218"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L189	3	"15301419"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L190	71	client management program	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L191	3950	administrator SAME (client WITH provider)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L192	3	("7346545").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L193	5047	(track OR tracked OR tracking) NEAR2 goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L194	141	((track OR tracked OR tracking) NEAR2 goal) WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L195	97	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L196	203	((track OR tracked OR tracking) NEAR2 goal)	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

		SAME (provider OR hospital)	DERWENT; IBM_TDB)				
L197	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L198	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L199	23	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L200	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L201	2017	score WITH measurement WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L202	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L203	4	("10061812").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L204	13	("20020065697"|"20020147626"|"20020194046"|"20080141138"|"20080281651"|"20090112924"|"20090192825"|"20100082381"|"20110029521"|"20110047404"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L205	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L206	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L207	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L208	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L209	31	L57 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L210	162	L58 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L211	1084	(status) WITH automatic$ WITH user	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

		input	DERWENT; IBM_TDB)				
L212	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L213	23	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L214	203	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L215	11	L57 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L216	11	L58 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L217	119	L57 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L218	14	L58 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L219	12	L57 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L220	14	L58 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L221	9	"16053141"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L222	364418	field WITH (treatment OR assistance)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L223	520	field WITH (treatment OR assistance) WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L224	995	(compile OR compiled OR compiling) WITH (client OR patient) WITH (field OR treatment)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L225	12	(("4237344") or ("5377258") or ("20090048872") or ("20110295613")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L226	2	("20090048872"|"20110295613").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L227	2	("4237344"|"5377258").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM

L228	1	("20030004758").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L229	5	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L230	0	"Platform for Optimizing Goal Progression".TI.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L231	92	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L232	4	("10061812").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L233	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L234	67	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L235	58	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L236	203	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L237	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L238	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L239	31	L89 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L240	119	L89 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L241	12	L89 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L242	14276	threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L243	990	threshold WITH goal WITH (plan OR met)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L244	87	threshold WITH goal WITH (plan OR met) WITH (treatment OR	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

		provider OR client)					
L245	57	threshold WITH goal WITH (plan OR met) WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L246	435	threshold WITH goal WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L247	109	L97 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L248	7	(("20120203092") or ("20080270182") or ("10098584")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L249	5	L99 AND threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L250	128	(patient OR client) WITH threshold WITH goal WITH (treat$5 OR chang$4 OR modif$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L251	18	L101 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L252	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L253	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L254	370	(L103 OR L104) AND (threshold WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L255	213	L105 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L256	40	(L103 OR L104) AND ((threshold WITH goal) SAME (patient OR client))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L257	10	L107 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L258	576	(treatment OR evaluation) WITH (goal) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L259	38	(client OR patient) WITH goal WITH threshold WITH progress$4	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L260	2214	(client OR patient) WITH goal WITH (threshold OR	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

		progress$4)					
L261	1115	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L262	351	L112 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L263	313	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4)) WITH (treatment OR assistance OR modify$4 OR plan)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L264	82	L114 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L265	490	(client OR patient) WITH goal WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L266	177	(client OR patient) WITH goal WITH (progress$4 OR threshold) WITH (modif$5 OR chang$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L267	5	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L268	490	(patient OR client) WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L269	158	L119 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L270	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L271	2	("8066640").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L272	351	patient WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L273	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L274	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L275	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L276	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L277	186	L134 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L278	1240	L135 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L279	359	L136 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L280	18	L136 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L281	105	L135 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L282	17	L134 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L283	92	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L284	69	Gaynor, James.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L285	67	Paugh, Joshua.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L286	7	Arena, Paul.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L287	2	("20090192825").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L288	4	("11144554").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L289	1141	(client OR patient) WITH baseline WITH goal	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO,	ADJ	ON	ON	2023/12/30 07:58 PM

			RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L290	96	((client OR patient) WITH baseline WITH goal) SAME threshold	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L291	183	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L292	67	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/12/30 07:58 PM
L293	67	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/12/30 07:58 PM
L294	147	(client OR patient) WITH goal WITH biometric	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA,	OR	ON	ON	2023/12/30 07:58 PM

			VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L295	688	goal WITH threshold WITH rule	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/12/30 07:58 PM
L296	24	(client OR patient) WITH goal WITH threshold WITH rule	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L297	7	"17546594"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/12/30 07:58 PM
L298	20	("10176245" OR "20050114384" OR "20060235834" OR "20080256026" OR "20090144696" OR "20090177640" OR "20100070448" OR "20100241644" OR "20100250576" OR "20110202560" OR "20140129921" OR "20180018329" OR "6795825" OR "7519608" OR "8204903" OR "8244702" OR "8510321" OR "8719252" OR	(US-PGPUB; USPAT)	OR	ON	ON	2024/03/08 03:29 PM

		"9396283" OR "9535950").pn.					
L299	20	("10176245" OR "20050114384" OR "20060235834" OR "20080256026" OR "20090144696" OR "20090177640" OR "20100070448" OR "20100241644" OR "20100250576" OR "20110202560" OR "20140129921" OR "20180018329" OR "6795825" OR "7519608" OR "8204903" OR "8244702" OR "8510321" OR "8719252" OR "9396283" OR "9535950").pn.	(US-PGPUB; USPAT)	OR	ON	ON	2024/03/08 03:29 PM
L300	79	"9903045"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2024/07/16 03:17 PM
L301	1	"9903045"	(US-PGPUB; USPAT)	OR	ON	ON	2024/07/16 03:18 PM
L303	5	"5673691".PN.	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	OFF	OFF	2024/07/17 02:44 PM

L304	2	"20030204817"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2025/01/29 03:11 PM
L305	2	"18502813"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2025/01/30 10:28 AM
L306	158	L265 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2025/01/30 10:31 AM
L307	252	(goal NEAR4 progress) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2025/01/30 10:48 AM
L308	50	L307 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2025/01/30 10:48 AM
L309	17	((goal NEAR4 progress$6) WITH threshold) SAME (patient OR client OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2025/01/30 01:02 PM

PE2E SEARCH - Search History (Interference)

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	British Equivalents	Time Stamp
N44	5	client management program.CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2018/06/22 04:37 PM
N45	0	(administrator SAME (client WITH provider))	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2018/06/22 04:37 PM

		AND ((score OR mastery) NEAR5 goal).CLM.					
N46	1	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 04:37 PM
N47	14	data mining WITH best practices.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 04:37 PM
N48	108	score WITH measurement WITH threshold.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 04:40 PM
N49	3	score WITH measurement WITH threshold WITH (well-being OR health).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:04 PM
N50	0	periodically (provide OR update) WITH well-being.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:04 PM
N51	0	mastery WITH goal WITH compile.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:04 PM
N52	2	mastery WITH goal WITH status.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:04 PM
N53	79	score WITH threshold WITH (very OR significant).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:05 PM
N123	8	client management program.CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2021/08/12 02:19 PM
N124	0	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal).CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2021/08/12 02:19 PM
N125	2	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N126	19	data mining WITH best practices.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N127	207	score WITH measurement WITH threshold.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N128	12	score WITH measurement WITH threshold WITH (well-being OR health).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N129	0	periodically (provide OR update) WITH well-being.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N130	1	mastery WITH goal WITH compile.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N131	3	mastery WITH goal	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12

		WITH status.CLM.					02:19 PM
N132	107	score WITH threshold WITH (very OR significant).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N133	15	client management program.CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2023/06/15 08:55 PM
N134	0	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal).CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2023/06/15 08:55 PM
N135	2	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N136	23	data mining WITH best practices.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N137	282	score WITH measurement WITH threshold.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N138	13	score WITH measurement WITH threshold WITH (well-being OR health).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N139	1	periodically (provide OR update) WITH well-being.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N140	1	mastery WITH goal WITH compile.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N141	3	mastery WITH goal WITH status.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N142	130	score WITH threshold WITH (very OR significant).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N143	15	client management program.CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2023/06/15 08:55 PM
N144	0	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal).CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2023/06/15 08:55 PM
N145	2	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N146	23	data mining WITH best practices.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N147	282	score WITH measurement WITH threshold.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N148	13	score WITH measurement WITH	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM

		threshold WITH (well-being OR health).CLM.					
N149	1	periodically (provide OR update) WITH well-being.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N150	1	mastery WITH goal WITH compile.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N151	3	mastery WITH goal WITH status.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N152	130	score WITH threshold WITH (very OR significant).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N153	8	threshold WITH series WITH goal.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM

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APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**01/24/2025 11:46:41 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Brian Owens
PATENT CENTER #	68914242	FILING DATE	11/06/2023
CUSTOMER #	133690	FIRST NAMED INVENTOR	Nathaniel T. Bradley
CORRESPONDENCE ADDRESS	-	AUTHORIZED BY	-

Documents

TOTAL DOCUMENTS: 1

DOCUMENT	PAGES	DESCRIPTION	SIZE (KB)
DHP-P0001CIP3_18502813_FILED-SUPPLEMENTAL-RCE-RESPONSE_1-24-25.pdf	11	Supplemental Response or Supplemental Amendment	231 KB

Digest

DOCUMENT	MESSAGE DIGEST(SHA-512)
DHP-P0001CIP3_18502813_FILED-SUPPLEMENTAL-RCE-RESPONSE_1-24-25.pdf	2E3A579546F549D63348E21083BC7183FB04C896537E828D82DB55CA755AB0CE8DCA6531112486CFE6F324080B7BE83CABFDC987B7A343299FD2D6BC4F51602F

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of: Bradley et al. **Application No.** 18/502,813 **Filing Date:** November 6, 2023 **For:** SYSTEM AND METHOD FOR ACHIEVING GOALS	**Confirmation No.** 6886 **Group Art Unit:** 2156 **Examiner:** Christopher J RAAB

AMENDMENT ACCOMPANYING A REQUEST FOR CONTINUED EXAMINATION (RCE)

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EFS-WEB

Commissioner:

This supplemental amendment is to replace amendment was previously filed on January 24, 2025.In reply to the Final Office Action mailed July 24, 2024, and Advisory Action mailed October 21, 2024, a Request for Continued Examination has been submitted. With due respect, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims in this paper.

Remarks follow the amendments section of this paper.

AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions and listings of claims in the application:

Claim 1 (Currently Amended): A method for tracking progression toward goals, the method comprising:

receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;

assigning each of the one or more clients to an account;

create a baseline associated with each of the one or more clients;

establishing goals for each of the one or more clients based at least in part on the baseline for each of the one or more clients;

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients;

compiling data associated with each of the one or more clients from the one or more monitoring devices;

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;

determining whether the goals are being met in response to thresholds for the compiled data; and

automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients.

Claim 2 (Original): The method of claim 1, wherein the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices.

Claim 3 (Original): The method of claim 1, wherein the input is utilized to automatically establish accounts associated with each of the one or more clients.

Claim 4 (Original): The method of claim 1, further comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated.

Claim 5 (Original): The method of claim 1, wherein the server is accessed through a cloud network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.

Claim 6 (Original): The method of claim 1, further comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients.

Claim 7 (Original): The method of claim 1, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 8 (Original): The method of claim 1, further comprising:

recommending goals to the one or more clients in response to receiving the input.

Claim 9 (Original): The method of claim 1, further comprising:

modifying the goals in response to the compiled data varying from the baseline to become significant.

Claim 10 (Original): The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

Claim 11 (Currently Amended): A system for tracking progression toward goals, the system comprising:

a server communicates with communications devices through a transceiver utilizing one or more networks, the server includes a processor that executes a client management program to:

receive input establishing an account associated with a client stored in the server, wherein the client is an individual receiving treatment or assistance;

assign the client to an account;

create a baseline associated with the client based on data from at least the client and one or more monitoring devices;

set goals for the client based at least in part on the baseline;

compile data associated with the client received from the client and the one or more

monitoring devices;

store the compiled data associated with the client in the server;

determine whether the goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from at least one of the thresholds to become significant for the client; and

a database in communication with the server configured to store at least the data, baseline, goals, and thresholds associated with the client.

Claim 12 (Original): The system according to claim 11, wherein the baseline further performs an assessment of the clients to determine the baseline associated with the client.

Claim 13 (Original): The system according to claim 11, wherein the alerts indicate that an intervention with the client is required.

Claim 14 (Original): The system according to claim 11, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 15 (Original): The system according to claim 11, wherein the goals are established by the client.

Claim 16 (Original): The system according to claim 11, wherein the client

management program is further executed to:

recommend goals to the client in response to receiving the input.

Claim 17 (Currently Amended): A server comprising:

a processor for executing a set of instructions; and

a memory for storing the set of instructions, wherein the set of instructions are executed by the processor to:

receive input establishing clients receiving assistance, wherein the clients are individuals receiving treatment or assistance;

assign each of the clients to an account for treating or assisting each of the clients;

create a baseline associated with each of the clients;

set one or more goals for each of the clients based at least in part on the baseline;

compile data in the memory, the compiled data is associated with each of the clients received from one or more monitoring devices;

determine whether the one or more goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from at least one of the thresholds to become significant for one or more of the clients.

Claim 18 (Original): The server according to claim 17, wherein the set of instructions are further executed to:

physically intervene with the one or more of the clients in response to the alerts.

Claim 19 (Original): The server according to claim 17, wherein each of the one or more goals is associated with a plan of action for achieving each of the one or more goals, and wherein the one or more goals are established by the client utilizing the baseline.

Claim 20 (Original): The server according to claim 17, wherein the one or more goals are not met if the compiled data varies from the baseline to become significant.

REMARKS

In the Office Action, the Examiner took the following actions:

I. Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431; and

II. Claims 1 - 20 are rejected under 35 U.S.C. 102 as being unpatentable over Douglas et al. (WO 99/03045) hereinafter "Douglas".

The Office Action may contain statements characterizing the related art and/or the claims. Regardless of whether any such statement is expressly identified and/or discussed herein, Applicant reserves the right to disagree with any such statement or characterization in the Office Action.

Applicant amends claims 1, 11, and 17 without prejudice or disclaimer of its subject matter. Claims 1, 11, and 17 correct a potential antecedent basis issue. Claims 1-20 remain pending and under examination. For at least the following reasons, Applicant respectfully requests reconsideration and withdrawal of the rejections.

Double Patenting

Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431. Applicants are willing to address the double patenting rejection if allowable claims are reached.

Claim Rejections - 35 USC§ 102

Claims 1 - 20 are rejected under 35 U.S.C. 102 as being unpatentable over Douglas et al. (WO 99/03045) hereinafter "Douglas". This rejection is respectfully traversed.

With regard to claim 1, the cited art does not appear to teach, suggest, or disclose "assigning each of the one or more clients to an account." The recited portion of Douglas teaches the following:

> Once the patient is set up on the system, it assists him or her in complying with his or her behavior modification program (block 1020, FIG. 60). (p. 8, lines 28-31)
>
> The system automatically correlates the patient's input with the physician's to check for accuracy. In addition, the system automatically provides the physician with reports of patient progress. Depending on the patient's plan requirements, the case advisor periodically reviews the patient-reported and physician-reported input to monitor whether the patient is complying with program parameters and meeting goals (block 1036, FIG. 60).
>
> As part of the feedback process, the system provides an "alarm" option (block 1040, FIG. 60). The system compares actual data about the patient with the goals and parameters residing in the system's database and automatically notifies the physician or case advisor via e-mail or facsimile (or pager depending upon the severity of the problem), if a health risk is present (block 1042, FIG. 60). For instance, if a patient's current blood pressure is potentially dangerous, the system will automatically send an alarm to the physician or case advisor and require his or her immediate action.
>
> If the difference between current data and goals does not present a threatening situation, the system will simply notify the physician or case advisor that these goals are not being met. For example, if the current data states that the patient has lost 5 pounds instead of 10, the system will notify the physician or case advisor of this fact. This information, although not life-threatening, must nonetheless be addressed by the physician or case advisor. He or she may then contact the patient in order to support and to further motivate him or her to meet the desired goals (block 1044, FIG. 60). In addition, the physician or case advisor may recommend that the program be modified to suit the patient's condition (block 1046, FIG. 60). (p.11, line 6 – p.12, line 2)

There is no mention of an "account" or the one or more clients being assigned to an account. The word client is not utilized in Douglas as it relates to a client. For at least this reason, claim 1 is allowable over the cited art.

In addition, Douglas does not teach, suggest, or disclose "determining whether

the goals are being met in response to thresholds for the compiled data." Douglas does not teach thresholds for the compiled data. In fact, Douglas does not mention thresholds at all. The cited art talks generically about whether "goals are not being met." (Douglas, p. 11, 19) There is no mention of "thresholds." For at least this reason, claim 1 is allowable over Douglas.

Furthermore, Douglas does not teach, suggest, or disclose "automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients." As previously mentioned Douglas does not disclose thresholds. In addition, Douglas does not mention the compiled data "varying from at least one of the thresholds to become significant." This language is distinct from that of Douglas that seems to relate to health risks. For at least this reason, claim 1 is allowable over the cited art.

Independent claims 11 and 17 are allowable for similar reasons. Dependent claims 2-10, 12-16, and 18-20 are allowable at least based on their dependence on claims 1, 11, and 17, respectively.

Examiner Interview

Attorney Brian Owens would like to thank the Examiner for the courtesy extended during the Telephonic interview of October 3, 2024. The Interview Summary sets forth an accurate and complete record of the Interview.

CONCLUSION

In view of the foregoing, Applicant respectfully requests reconsideration of this application and the timely allowance of the pending claims.

This amendment accompanies the filing of a Request for Continued Examination (RCE). Please charge Deposit Account No. 506801 in the amount of $600 (small) for the RCE per the attached transmittal which was previously paid and submitted. This is a request for a three month extension of the time, the small entity fee of $633 for which was previously paid. Please grant any extensions of time required to enter this response. No additional fees are believed due; however, the Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, of fees to Deposit Account 506801.

Respectfully submitted,

Goodhue, Coleman & Owens, P.C.

Dated: January 24, 2025

By: /Brian D. Owens/
Brian Dean Owens
Reg. No. 55517
(515) 218-7888

UNITED STATES
PATENT AND TRADEMARK OFFICE

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Alexandria, VA 22313 - 1450
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ELECTRONIC ACKNOWLEDGEMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**01/24/2025 03:06:38 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	MIRANDA CYR
PATENT CENTER #	68902434	FILING DATE	11/06/2023
CUSTOMER #	133690	FIRST NAMED INVENTOR	Nathaniel T. Bradley
CORRESPONDENCE ADDRESS	-	AUTHORIZED BY	Brian Owens

Documents

TOTAL DOCUMENTS: 4

DOCUMENT		PAGES	DESCRIPTION	SIZE (KB)
DHP-P0001CIP3_18502813_FILED-RCE-TRANSMITTAL_1-24-25.pdf		3	Request for Continued Examination (RCE)	1642 KB
DHP-P0001CIP3_18502813_FILED-FINAL-OFFICE-ACTION-RESPONSE_1-24-25.pdf		11	-	128 KB
DHP-P0001CIP3_18502813_FILED-FINAL-OFFICE-ACTION-RESPONSE_1-24-25-AMSB.pdf	(1-1)	1	Amendment Submitted/Entered with Filing of Continued Prosecution Application (CPA)/Request for Continued Examination(RCE)	89 KB
DHP-	(2-7)	6	Claims	96 KB

P0001CIP3_18502813_FILED-FINAL-OFFICE-ACTION-RESPONSE_1-24-25-CLM.pdf				
DHP-P0001CIP3_18502813_FILED-FINAL-OFFICE-ACTION-RESPONSE_1-24-25-REM.pdf	(8-11)	4	Applicant Arguments/Remarks Made in an Amendment	115 KB

Digest

DOCUMENT	MESSAGE DIGEST(SHA-512)
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DHP-P0001CIP3_18502813_FILED-FINAL-OFFICE-ACTION-RESPONSE_1-24-25-CLM.pdf	0CA3EC8915AF5491DAA72531CEF0D37C4211B6B37C74F98740FFB9A2155B8C22BEDF5E0BA9EC66B9FC0DC18598AF2EDB691393489F39F9AEB177FCEEAD49C0BA
DHP-P0001CIP3_18502813_FILED-FINAL-OFFICE-ACTION-RESPONSE_1-24-25-REM.pdf	A0DD3744E6D7023FAAF89B6D69EF6586EC4A1CEA6F621E5220989F0C5A74295C67650EAC87304FE3B080D872E38B939B50927316413E8EF1138295A779534496

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New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

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ELECTRONIC PAYMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**01/24/2025 03:06:38 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	MIRANDA CYR
PATENT CENTER #	68902434	AUTHORIZED BY	Brian Owens
CUSTOMER #	133690	FILING DATE	11/06/2023
CORRESPONDENCE ADDRESS	-	FIRST NAMED INVENTOR	Nathaniel T. Bradley

Payment Information

PAYMENT METHOD	PAYMENT TRANSACTION ID	PAYMENT AUTHORIZED BY
DA / 506801	**E20251NF08377369**	**MIRANDA CYR**

PRE-AUTHORIZED ACCOUNT	PRE-AUTHORIZED CATEGORY
506801	**37 CFR 1.21 (Miscellaneous fees and charges)**

FEE CODE	DESCRIPTION	ITEM PRICE($)	QUANTITY	ITEM TOTAL($)
2253	EXTENSION FOR RESPONSE WITHIN THIRD MONTH, EXCEPT PROVISIONAL APPLICATIONS	633.00	1	633.00
2801	REQUEST FOR CONTINUED EXAMINATION (RCE) - 1ST REQUEST (SEE 37 CFR 1.114)	600.00	1	600.00
			TOTAL AMOUNT:	**$1,233.00**

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

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PTO/SB/30EFS (01-22)
Approved for use through 05/31/2024. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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REQUEST FOR CONTINUED EXAMINATION(RCE)TRANSMITTAL
(Submitted Only via EFS-Web)

Application Number	18/502,813	Filing Date	2023-11-06	Docket Number (if applicable)	DHP-P0001CIP3	Art Unit	2156
First Named Inventor	Nathaniel T. Bradley			Examiner Name	Christopher J RAAB		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. The Instruction Sheet for this form is located at WWW.USPTO.GOV

SUBMISSION REQUIRED UNDER 37 CFR 1.114

Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

- ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ☐ Other _____

☒ Enclosed

- ☒ Amendment/Reply
- ☐ Information Disclosure Statement (IDS)
- ☐ Affidavit(s)/ Declaration(s)
- ☐ Other _____

MISCELLANEOUS

☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months _____
(Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

☐ Other _____

FEES

☒ **The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.**
The Director is hereby authorized to charge any underpayment of fees, or credit any overpayments, to Deposit Account No 506801

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

☒ Patent Practitioner Signature

☐ Applicant Signature

PTO/SB/30EFS (01-22)
Approved for use through 05/31/2024. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Signature of Registered U.S. Patent Practitioner			
Signature	/Brian D. Owens/	Date (YYYY-MM-DD)	2025-01-24
Name	Brian Dean Owens	Registration Number	55517

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether the Freedom of Information Act requires disclosure of these records.

2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.

4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.

6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).

7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspections or an issued patent.

9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

Attorney Docket No.
DHP-P0001CIP3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of: Bradley et al. **Application No.** 18/502,813 **Filing Date:** November 6, 2023 **For:** SYSTEM AND METHOD FOR ACHIEVING GOALS	**Confirmation No.** 6886 **Group Art Unit:** 2156 **Examiner:** Christopher J RAAB

AMENDMENT ACCOMPANYING A REQUEST FOR CONTINUED EXAMINATION (RCE)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EFS-WEB

Commissioner:

In reply to the Final Office Action mailed July 24, the shortened statutory period for response to which expires on October 24, 2024 and extends through January 24, 2025, a Request for Continued Examination has been submitted. With due respect, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims in this paper.

Remarks follow the amendments section of this paper.

AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions and listings of claims in the application:

Claim 1 (Currently Amended): A method for tracking progression toward goals, the method comprising:

receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;

assigning each of the one or more clients to an account;

create a baseline associated with each of the one or more clients;

establishing goals for each of the one or more clients;

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients;

compiling data associated with each of the one or more clients from the one or monitoring devices;

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;

determining whether the goals are being met in response to thresholds for the compiled data; and

automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients.

Claim 2 (Original): The method of claim 1, wherein the baseline is established utilizing

data from 1) one of the one or more clients and 2) one or more monitoring devices.

Claim 3 (Original): The method of claim 1, wherein the input is utilized to automatically establish accounts associated with each of the one or more clients.

Claim 4 (Original): The method of claim 1, further comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated.

Claim 5 (Original): The method of claim 1, wherein the server is accessed through a cloud network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.

Claim 6 (Original): The method of claim 1, further comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients.

Claim 7 (Original): The method of claim 1, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 8 (Original): The method of claim 1, further comprising:

recommending goals to the one or more clients in response to receiving the input.

Claim 9 (Original): The method of claim 1, further comprising:

modifying the goals in response to the compiled data varying from the baseline to become significant.

Claim 10 (Original): The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

Claim 11 (Currently Amended): A system for tracking progression toward goals, the system comprising:

a server communicates with communications devices through a transceiver utilizing one or more networks, the server includes a processor that executes a client management program to:

receive input establishing an account associated with a client stored in the server, wherein the client is an individual receiving treatment or assistance;

assign the client to an account;

create a baseline associated with the client based on data from at least the client and one or more monitoring devices;

set goals for the client;

compile data associated with the client received from the client and the one or more monitoring devices;

store the compiled data associated with the client in the server;

determine whether the goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from at least one of the thresholds to become significant for the client; and

a database in communication with the server configured to store at least the data, goals, and thresholds associated with the client.

Claim 12 (Original): The system according to claim 11, wherein the baseline further performs an assessment of the clients to determine the baseline associated with the client.

Claim 13 (Original): The system according to claim 11, wherein the alerts indicate that an intervention with the client is required.

Claim 14 (Original): The system according to claim 11, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 15 (Original): The system according to claim 11, wherein the goals are established by the client.

Claim 16 (Original): The system according to claim 11, wherein the client management program is further executed to:

recommend goals to the client in response to receiving the input.

Claim 17 (Currently Amended): A server comprising:

a processor for executing a set of instructions; and

a memory for storing the set of instructions, wherein the set of instructions are executed by the processor to:

receive input establishing clients receiving assistance, wherein the clients are individuals receiving treatment or assistance;

assign each of the clients to an account for treating or assisting each of the clients;

create a baseline associated with each of the clients;

set one or more goals for each of the clients;

compile data in the memory, the compiled data is associated with each of the clients received from one or more monitoring devices;

determine whether the one or more goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from at least one of the threshold**s** to become significant for one or more of the clients.

Claim 18 (Original): The server according to claim 17, wherein the set of instructions are further executed to:

physically intervene with the one or more of the clients in response to the alerts.

Claim 19 (Original): The server according to claim 17, wherein each of the one or

more goals is associated with a plan of action for achieving each of the one or more goals, and wherein the one or more goals are established by the client utilizing the baseline.

Claim 20 (Original): The server according to claim 17, wherein the one or more goals are not met if the compiled data varies from the baseline to become significant.

REMARKS

In the Office Action, the Examiner took the following actions:

I. Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431; and

II. Claims 1 - 20 are rejected under 35 U.S.C. 102 as being unpatentable over Douglas et al. (WO 99/03045) hereinafter "Douglas".

The Office Action may contain statements characterizing the related art and/or the claims. Regardless of whether any such statement is expressly identified and/or discussed herein, Applicant reserves the right to disagree with any such statement or characterization in the Office Action.

Applicant amends claims 1, 11, and 17 without prejudice or disclaimer of its subject matter. Claims 1, 11, and 17 correct a potential antecedent basis issue. Claims 1-20 remain pending and under examination. For at least the following reasons, Applicant respectfully requests reconsideration and withdrawal of the rejections.

Double Patenting

Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431. Applicants are willing to address the double patenting rejection if allowable claims are reached.

Claim Rejections - 35 USC§ 102

Claims 1 - 20 are rejected under 35 U.S.C. 102 as being unpatentable over Douglas et al. (WO 99/03045) hereinafter "Douglas". This rejection is respectfully traversed.

With regard to claim 1, the cited art does not appear to teach, suggest, or disclose "assigning each of the one or more clients to an account." The recited portion of Douglas teaches the following:

> Once the patient is set up on the system, it assists him or her in complying with his or her behavior modification program (block 1020, FIG. 60). (p. 8, lines 28-31)
>
> The system automatically correlates the patient's input with the physician's to check for accuracy. In addition, the system automatically provides the physician with reports of patient progress. Depending on the patient's plan requirements, the case advisor periodically reviews the patient-reported and physician-reported input to monitor whether the patient is complying with program parameters and meeting goals (block 1036, FIG. 60).
>
> As part of the feedback process, the system provides an "alarm" option (block 1040, FIG. 60). The system compares actual data about the patient with the goals and parameters residing in the system's database and automatically notifies the physician or case advisor via e-mail or facsimile (or pager depending upon the severity of the problem), if a health risk is present (block 1042, FIG. 60). For instance, if a patient's current blood pressure is potentially dangerous, the system will automatically send an alarm to the physician or case advisor and require his or her immediate action.
>
> If the difference between current data and goals does not present a threatening situation, the system will simply notify the physician or case advisor that these goals are not being met. For example, if the current data states that the patient has lost 5 pounds instead of 10, the system will notify the physician or case advisor of this fact. This information, although not life-threatening, must nonetheless be addressed by the physician or case advisor. He or she may then contact the patient in order to support and to further motivate him or her to meet the desired goals (block 1044, FIG. 60). In addition, the physician or case advisor may recommend that the program be modified to suit the patient's condition (block 1046, FIG. 60). (p.11, line 6 – p.12, line 2)

There is no mention of an "account" or the one or more clients being assigned to an account. The word client is not utilized in Douglas as it relates to a client. For at least this reason, claim 1 is allowable over the cited art.

In addition, Douglas does not teach, suggest, or disclose "determining whether

the goals are being met in response to thresholds for the compiled data." Douglas does not teach thresholds for the compiled data. In fact, Douglas does not mention thresholds at all. The cited art talks generically about whether "goals are not being met." (Douglas, p. 11, 19) There is no mention of "thresholds." For at least this reason, claim 1 is allowable over Douglas.

Furthermore, Douglas does not teach, suggest, or disclose "automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients." As previously mentioned Douglas does not disclose thresholds. In addition, Douglas does not mention the compiled data "varying from at least one of the thresholds to become significant." This language is distinct from that of Douglas that seems to relate to health risks. For at least this reason, claim 1 is allowable over the cited art.

Independent claims 11 and 17 are allowable for similar reasons. Dependent claims 2-10, 12-16, and 18-20 are allowable at least based on their dependence on claims 1, 11, and 17, respectively.

Applicants would welcome an opportunity to have an interview with Examiner Raab before a decision on the after-final response is made.

CONCLUSION

In view of the foregoing, Applicant respectfully requests reconsideration of this application and the timely allowance of the pending claims.

This amendment accompanies the filing of a Request for Continued Examination (RCE). Please charge Deposit Account No. 506801 in the amount of $600 (small) for the RCE per the attached transmittal. This is a request for a three month extension of the time, the small entity fee of $633 for which is being paid at the time of filing this response. Please grant any extensions of time required to enter this response. No additional fees are believed due; however, the Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, of fees to Deposit Account 506801.

Respectfully submitted,

Goodhue, Coleman & Owens, P.C.

Dated: January 24, 2025

By: /Brian D. Owens/
Brian Dean Owens
Reg. No. 55517
(515) 218-7888

PTO/SB/06 (09-11)
Approved for use through 1/31/2014. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875	Application or Docket Number 18/502,813	Filing Date 11/06/2023	☐ To be Mailed

ENTITY: ☐ LARGE ☑ SMALL ☐ MICRO

APPLICATION AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA		RATE ($)	FEE ($)
☐ BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A		N/A	
☐ SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A		N/A	
☐ EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*		x $40 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*		x $ 192 =	
☐ APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $310 ($155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
☐ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	

APPLICATION AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT	01/24/2025	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	* 20	Minus	** 20	= 0		x $80 =	0
	Independent (37 CFR 1.16(h))	* 3	Minus	*** 3	= 0		x $240 =	0
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	0

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	*	Minus	**	=		x $0 =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=		x $0 =	
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	Program Support Asistant
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".	/DIANIECE M JACOBS/
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
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Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
18/502,813	11/06/2023	Nathaniel T. Bradley	DHP-P0001CIP3	6886

133690 7590 10/21/2024

Goodhue, Coleman & Owens, P.C.
7300 Westown Parkway, Suite 110
West Des Moines, IA 50266

EXAMINER	
RAAB, CHRISTOPHER J	

ART UNIT	PAPER NUMBER
2156	

NOTIFICATION DATE	DELIVERY MODE
10/21/2024	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

USPTO@dockettrak.com
docketing@goodhue.com
eofficeaction@appcoll.com

Advisory Action Before the Filing of an Appeal Brief	**Application No.** 18/502,813	**Applicant(s)** Bradley et al.	
	Examiner CHRISTOPHER J RAAB	**Art Unit** 2156	**AIA (FITF) Status** No

--The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

THE REPLY FILED 24 September 2024 FAILS TO PLACE THIS APPLICATION IN CONDITION FOR ALLOWANCE.

NO NOTICE OF APPEAL FILED

1. ☑ The reply was filed after a final rejection. No Notice of Appeal has been filed. To avoid abandonment of this application, applicant must timely file one of the following replies: (1) an amendment, affidavit, or other evidence, which places the application in condition for allowance; (2) a Notice of Appeal (with appeal fee) in compliance with 37 CFR 41.31; or (3) a Request for Continued Examination (RCE) in compliance with 37 CFR 1.114 if this is a utility or plant application. Note that RCEs are not permitted in design applications. The reply must be filed within one of the following time periods:
   a) ☐ The period for reply expires ____ months from the mailing date of the final rejection.
   b) ☑ The period for reply expires on: (1) the mailing date of this Advisory Action; or (2) the date set forth in the final rejection, whichever is later. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of the final rejection.
   c) ☐ A prior Advisory Action was mailed more than 3 months after the mailing date of the final rejection in response to a first after-final reply filed within 2 months of the mailing date of the final rejection.The current period for reply expires ____ months from the mailing date of *the prior Advisory Action* or SIX MONTHS from the mailing date of the final rejection, whichever is earlier.
   Examiner Note: If box 1 is checked, check either box (a), (b) or (c). ONLY CHECK BOX (b) WHEN THIS ADVISORY ACTION IS THE FIRST RESPONSE TO APPLICANTS FIRST AFTER-FINAL REPLY WHICH WAS FILED WITHIN TWO MONTHS OF THE FINAL REJECTION. ONLY CHECK BOX (c) IN THE LIMITED SITUATION SET FORTH UNDER BOX (c). See MPEP 706.07(f).

Extensions of time may be obtained under 37 CFR 1.136(a). The date on which the petition under 37 CFR 1.136(a) and the appropriate extension fee have been filed is the date for purposes of determining the period of extension and the corresponding amount of the fee. The appropriate extension fee under 37 CFR 1.17(a) is calculated from: (1) the expiration date of the shortened statutory period for reply originally set in the final Office action; or (2) as set forth in (b) or (c) above, if checked. Any reply received by the Office later than three months after the mailing date of the final rejection, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

NOTICE OF APPEAL

2. ☐ The Notice of Appeal was filed on _____. A brief in compliance with 37 CFR 41.37 must be filed within two months of the date of filing the Notice of Appeal (37 CFR 41.37(a)), or any extension thereof (37 CFR 41.37(e)), to avoid dismissal of the appeal. Since a Notice of Appeal has been filed, any reply must be filed within the time period set forth in 37CFR 41.37(a).

AMENDMENTS

3. ☑ The proposed amendments filed after a final rejection, but prior to the date of filing a brief, will not be entered because
   a) ☐ They raise new issues that would require further consideration and/or search (see NOTE below);
   b) ☐ They raise the issue of new matter (see NOTE below);
   c) ☑ They are not deemed to place the application in better form for appeal by materially reducing or simplifying the issues for appeal; and/or
   d) ☐ They present additional claims without canceling a corresponding number of finally rejected claims.
   NOTE: _____ (See 37 CFR 1.116 and 41.33(a)).
4. ☐ The amendments are not in compliance with 37 CFR 1.121. See attached Notice of Non-Compliant Amendment (PTOL-324).
5. ☐ Applicant's reply has overcome the following rejection(s): _____
6. ☐ Newly proposed or amended claim(s) _____ would be allowable if submitted in a separate, timely filed amendment canceling the non-allowable claim(s).
7. ☑ For purposes of appeal, the proposed amendment(s):(a) ☑ will not be entered; or (b) ☐ will be entered and an explanation of how the new or amended claims would be rejected is provided below or appended.

AFFIDAVIT OR OTHER EVIDENCE

8. ☐ A declaration(s)/affidavit(s) under **37 CFR 1.130(b)** was/were filed on _____
9. ☐ The affidavit or other evidence filed after final action, but before or on the date of filing a Notice of Appeal will not be entered because applicant failed to provide a showing of good and sufficient reasons why the affidavit or other evidence is necessary and was not earlier presented. See 37 CFR 1.116(e).
10. ☐ The affidavit or other evidence filed after the date of filing the Notice of Appeal, but prior to the date of filing a brief, will not be entered because the affidavit or other evidence failed to overcome all rejections under appeal and/or appellant fails to provide a showing of good and sufficient reasons why it is necessary and was not earlier presented. See 37 CFR 41.33(d)(1).
11. ☐ The affidavit or other evidence is entered. An explanation of the status of the claims after entry is below or attached.

REQUEST FOR RECONSIDERATION/OTHER

12. ☑ The request for reconsideration has been considered but does NOT place the application in condition for allowance because: See Continuation Sheet.
13. ☐ Note the attached Information *Disclosure Statement*(s). (PTO/SB/08) Paper No(s). _____
14. ☑ Other: PTO-2323.

STATUS OF CLAIMS

15. The status of the claim(s) is (or will be) as follows:
    Claim(s) allowed:_____.
    Claim(s) objected to:_____.
    Claim(s) rejected:1-20.
    Claim(s) withdrawn from consideration:_____.

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

Continuation of REQUEST FOR RECONSIDERATION/OTHER 12. The request for reconsideration has been considered but does NOT place the application in condition for allowance because: Applicant argues that Douglas does not teach “assigning each of the one or more clients to an account”. Examiner respectfully disagrees. Applicant explains that Douglas does not use the word “account”, which Examiner agrees to, but Douglas does define a type of account for the patients. For example, page 8 lines 28 – 31 of Douglas explains that a patient is “set up on the system” and that the patient “logs into the system”. Additionally, page 6 line 36 – page 7 line 20 explains that a patient is in a system, which contains records for the patient and other patient files that are accessed by a case administrator by accessing the system. Having a patient be setup in a system that can be logged into and accessed by either or both of the patient and case administrator to view information would be understood to be a type of “account” for the patient.

Applicant argues that Douglas does not disclose "determining whether the goals are being met in response to thresholds for the compiled data", in that Douglas does not specifically recite the terminology of "threshold". Examiner agrees that Douglas does not use the term "threshold", but this is something that is inherently taught in Douglas. Douglas teaches that patients have programs assigned to them and that progress progress towards program goals are monitored. Page 11 line 8 - page 12 line 2 explains how a patient has goals and that progress towards those goals is monitored. This is done so that it can be determined if a certain level of progress has or hasn't been made within a certain time period. Page 20 lines 33 - 37 explains that reports are generated based on patient progress towards goals, and that an achievement of a goal and/or the setting off of an alarm, which would be based on a patient deviating from a goal or certain level of progress, are utilized. Furthermore, page 21 lines 4 - 13 explain that a specific ' threshold' may be to lose a certain amount of weight in a certain time period, and if that is/isn't being met, then an alert can be triggered or a report generated. Therefore, although Douglas does not explicitly recite the word "threshold", it is clear that thresholds are being utilized for monitoring the patients and their progress towards meeting one or more goals.

Applicant further argues that Douglas does not teach "automatically communicating alerts in response to the complied data varying from at least one of the thresholds to become significant for one of the one or more clients". It appears this argument stems from the same argument addressed above about whether or not Douglas teaches thresholds. Therefore, Examiner relies upon the same rational as to how Douglas inherently teaches thresholds to disclose this limitation.

Applicant-Initiated Interview Summary	**Application No.** 18/502,813	**Applicant(s)** Bradley et al.		
	Examiner CHRISTOPHER J RAAB	**Art Unit** 2156	**AIA (First Inventor to File) Status** No	**Page** 1 of 1

All Participants (applicant, applicants representative, PTO personnel)	**Title**	**Type**
CHRISTOPHER J RAAB	Primary Examiner	Telephonic
Brian D. Owens	Attorney	

Date of Interview: 03 October 2024

Issues Discussed:

35 U.S.C. 102

Applicant's Representative and Examiner discussed the filed amendment and the arguments presented by Applicant. Examiner argued that the amendment doesn't really change the claims, and that the prior art fully discloses the claims. The main argument presented by Applicant's Representative is that Douglas does not disclose thresholds. Examiner explained that although the word "threshold" is not in Douglas, that they are inherently defined, in that progress through goals is monitored, such that specific levels of progress towards one or more goals are defined and determined to have been reached, which would be a type of threshold. No specific agreement was reached with respect to the claims.

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

Applicant is reminded that a complete written statement as to the substance of the interview must be made of record in the application file. It is the applicants responsibility to provide the written statement, unless the interview was initiated by the Examiner and the Examiner has indicated that a written summary will be provided. See MPEP 713.04
Please further see:
MPEP 713.04
Title 37 Code of Federal Regulations (CFR) § 1.133 Interviews, paragraph (b)
37 CFR § 1.2 Business to be transacted in writing

Applicant recordation instructions: The formal written reply to the last Office action must include the substance of the interview. (See MPEP section 713.04). If a reply to the last Office action has already been filed, applicant is given a non-extendable period of the longer of one month or thirty days from this interview date, or the mailing date of this interview summary form, whichever is later, to file a statement of the substance of the interview.

Examiner recordation instructions: Examiners must summarize the substance of any interview of record. A complete and proper recordation of the substance of an interview should include the items listed in MPEP 713.04 for complete and proper recordation including the identification of the general thrust of each argument or issue discussed, a general indication of any other pertinent matters discussed regarding patentability and the general results or outcome of the interview, to include an indication as to whether or not agreement was reached on the issues raised.

AFCP 2.0 Decision

Application No.	Applicant(s)	
18/502,813	Bradley et al.	
Examiner	**Art Unit**	**AIA (FITF) Status**
CHRISTOPHER J RAAB	2156	No

This is in response to the After Final Consideration Pilot request filed 24 September 2024.

1. **Improper Request** – The AFCP 2.0 request is improper for the following reason(s) and the after final amendment submitted with the request will be treated under pre-pilot procedure.

   ☐ An AFCP 2.0 request form PTO/SB/434 (or equivalent document) was not submitted.

   ☐ A non-broadening amendment to at least one independent claim was not submitted.

   ☐ The request is not the first proper AFCP 2.0 request submitted in response to the most recent final rejection.

   ☐ Other: _____

2. **Proper Request**

   A. After final amendment submitted with the request will not be treated under AFCP 2.0.
   The after final amendment cannot be reviewed and a search conducted within the guidelines of the pilot program.

   ☐ The after final amendment will be treated under pre-pilot procedure.

   B. Updated search and/or completed additional consideration.
   The examiner performed an updated search and/or completed additional consideration of the after final amendment within the time authorized for the pilot program. The result(s) of the updated search and/or completed additional consideration are:

   ☐ 1. All of the rejections in the most recent final Office action are overcome and a Notice of Allowance is issued herewith.

   ☑ 2. The after final amendment would not overcome all of the rejections in the most recent final Office action . See attached interview summary for further details.

   ☐ 3. The after final amendment was reviewed, and it raises a new issue(s). See attached interview summary for further details.

   ☐ 4. The after final amendment raises new issues, but would overcome all of the rejections in the most recent final Office action. A decision on determining allowability could not be made within the guidelines of the pilot. See attached interview summary for further details, including any newly discovered prior art.

   ☐ 5. Other: _____

   Examiner Note: Please attach an interview summary when necessary as described above.

Attorney Docket No.
DHP-P0001CIP3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of: Bradley et al. **Application No.** 18/502,813 **Filing Date:** November 6, 2023 **For:** SYSTEM AND METHOD FOR ACHIEVING GOALS	**Confirmation No.** 6886 **Group Art Unit:** 2156 **Examiner:** Christopher J RAAB

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EFS-WEB

Commissioner:

In reply to the Final Office Action mailed July 24, 2024, please amend the above-identified application as follows in order to put the application in form for allowance or better form for appeal:

Amendments to the Claims are reflected in the listing of claims in this paper.

Remarks follow the amendments section of this paper.

UNITED STATES
PATENT AND TRADEMARK OFFICE

P.O. Box 1450
Alexandria, VA 22313 - 1450
www.uspto.gov

ELECTRONIC ACKNOWLEDGEMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**09/24/2024 05:38:02 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	67306181	FILING DATE	11/06/2023
CUSTOMER #	133690	FIRST NAMED INVENTOR	Nathaniel T. Bradley
CORRESPONDENCE ADDRESS	-	AUTHORIZED BY	Brian Owens

Documents

TOTAL DOCUMENTS: 4

DOCUMENT		PAGES	DESCRIPTION	SIZE (KB)
DHP-P0001CIP3_18502813_FILED-AMENDMENT-AFTER-FINAL-RESPONSE_9-24-24.pdf		11	-	230 KB
DHP-P0001CIP3_18502813_FILED-AMENDMENT-AFTER-FINAL-RESPONSE_9-24-24-A.NE.pdf	(1-1)	1	Response After Final Action	162 KB
DHP-P0001CIP3_18502813_FILED-AMENDMENT-AFTER-FINAL-RESPONSE_9-24-24-CLM.pdf	(2-7)	6	Claims	168 KB

DHP-P0001CIP3_18502813_FILED-AMENDMENT-AFTER-FINAL-RESPONSE_9-24-24-REM.pdf	(8-11)	4	Applicant Arguments/Remarks Made in an Amendment	219 KB
DHP-P0001CIP3_18502813_FILED-AFTER-FINAL-REQUEST_9-24-24.pdf		2	After Final Consideration Program Request	246 KB

Digest

DOCUMENT	MESSAGE DIGEST(SHA-512)
DHP-P0001CIP3_18502813_FILED-AMENDMENT-AFTER-FINAL-RESPONSE_9-24-24.pdf	CC9AF237FF0478E085FBB733A818BCF8CB08FB322B97F868239EB854A02525A916A266BB57D5D76EBD0CC87A6D10D435667293D2AC277EE898DF92686230B7AC
DHP-P0001CIP3_18502813_FILED-AMENDMENT-AFTER-FINAL-RESPONSE_9-24-24-A.NE.pdf	AF1778CFC88FAB0697C82830D4DF4B87A15C70F89E070DEFDB0112C4C2F84333FD5CFD2EC100B4FECBF4202A71F0001978BE1405C49D30FAA2EEEFC31ECA07C5
DHP-P0001CIP3_18502813_FILED-AMENDMENT-AFTER-FINAL-RESPONSE_9-24-24-CLM.pdf	7BF99807B8C3B4B6DC0375B2B2C5A159A22AC86F4D4DE5FA3D6BACEF67DA3CA539B1067B510693F64647123C90FB0C7EB9599CBEBA6C32FE098E2F29826C4A05
DHP-P0001CIP3_18502813_FILED-AMENDMENT-AFTER-FINAL-RESPONSE_9-24-24-REM.pdf	8B905C22ED44404841E751DD9BDA75A4967E0060AD8DE584E68FA6B1687FE8B36FB69BC8C372A4AB70FB019196E06BB0731781D43B4D328BE14E6CA5E60F4F0F
DHP-P0001CIP3_18502813_FILED-AFTER-FINAL-REQUEST_9-24-24.pdf	BD46B2219A8EE2404E65A1D340273321B4BB8AC42BBF0CB60191E3FD187C6CA1972F2F2D385EBE103073EBA0F8AA0320A1DCC362B4036F4AE17E90E33D6B3E3C

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C.

371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

Doc Code: A.NE.AFCP
Document Description: After Final Consideration Program Request

PTO/SB/434 (3-22)

CERTIFICATION AND REQUEST FOR CONSIDERATION UNDER THE AFTER FINAL CONSIDERATION PILOT PROGRAM 2.0

Practitioner Docket No.:	Application No.:	Filing Date:
DHP-P0001CIP3	18/502,813	2023-11-06
First Named Inventor:	**Title:**	
Nathaniel T. Bradley	SYSTEM AND METHOD FOR ACHIEVING GOALS	

APPLICANT HEREBY CERTIFIES THE FOLLOWING AND REQUESTS CONSIDERATION UNDER THE AFTER FINAL CONSIDERATION PILOT PROGRAM 2.0 (AFCP 2.0) OF THE ACCOMPANYING RESPONSE UNDER 37 CFR 1.116.

1. The above-identified application is (i) an original utility, plant, or design nonprovisional application filed under 35 U.S.C. 111(a) [a continuing application (*e.g.*, a continuation or divisional application) is filed under 35 U.S.C. 111(a) and is eligible under (i)], or (ii) an international application that has entered the national stage in compliance with 35 U.S.C. 371(c).
2. The above-identified application contains an outstanding final rejection.
3. Submitted herewith is a response under 37 CFR 1.116 to the outstanding final rejection. The response includes an amendment to at least one independent claim, and the amendment does not broaden the scope of the independent claim in any aspect.
4. This certification and request for consideration under AFCP 2.0 is the only AFCP 2.0 certification and request filed in response to the outstanding final rejection.
5. Applicant is willing and available to participate in any interview requested by the examiner concerning the present response.
6. This certification and request is being filed electronically using the USPTO's patent electronic filing system.
7. Any fees that would be necessary consistent with current practice concerning responses after final rejection under 37 CFR 1.116, *e.g.*, extension of time fees, are being concurrently filed herewith. [There is no additional fee required to request consideration under AFCP 2.0.]
8. By filing this certification and request, applicant acknowledges the following:
    - Reissue applications and reexamination proceedings are not eligible to participate in AFCP 2.0.
    - The examiner will verify that the AFCP 2.0 submission is compliant, *i.e.*, that the requirements of the program have been met (see items 1 to 7 above). For compliant submissions:
        - The examiner will review the response under 37 CFR 1.116 to determine if additional search and/or consideration (i) is necessitated by the amendment and (ii) could be completed within the time allotted under AFCP 2.0. If additional search and/or consideration is required but cannot be completed within the allotted time, the examiner will process the submission consistent with current practice concerning responses after final rejection under 37 CFR 1.116, *e.g.*, by mailing an advisory action.
        - If the examiner determines that the amendment does not necessitate additional search and/or consideration, or if the examiner determines that additional search and/or consideration is required and could be completed within the allotted time, then the examiner will consider whether the amendment places the application in condition for allowance (after completing the additional search and/or consideration, if required). If the examiner determines that the amendment does not place the application in condition for allowance, then the examiner will contact the applicant and request an interview.
            - The interview will be conducted by the examiner, and if the examiner does not have negotiation authority, a primary examiner and/or supervisory patent examiner will also participate.
            - If the applicant declines the interview, or if the interview cannot be scheduled within ten (10) calendar days from the date that the examiner first contacts the applicant, then the examiner will proceed consistent with current practice concerning responses after final rejection under 37 CFR 1.116.

Signature	Date	Practitioner Registration No.
/Brian D. Owens/	2024-09-24	55517
Name (Print/Typed)	**Telephone Number**	
Brian Dean Owens	(469) 299-4699	

Note: *This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) for signature requirements and certifications. Submit multiple forms if more than one signature is required, see below*.*

☐ * Total of _____ forms are submitted.

Privacy Act Statement

The **Privacy Act of 1974 (P.L. 93-579)** requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).
7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

Attorney Docket No.
DHP-P0001CIP3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of: Bradley et al. **Application No.** 18/502,813 **Filing Date:** November 6, 2023 **For:** SYSTEM AND METHOD FOR ACHIEVING GOALS	**Confirmation No.** 6886 **Group Art Unit:** 2156 **Examiner:** Christopher J RAAB

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EFS-WEB

Commissioner:

In reply to the Final Office Action mailed July 24, 2024, please amend the above-identified application as follows in order to put the application in form for allowance or better form for appeal:

Amendments to the Claims are reflected in the listing of claims in this paper.

Remarks follow the amendments section of this paper.

AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions and listings of claims in the application:

Claim 1 (Currently Amended): A method for tracking progression toward goals, the method comprising:

receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;

assigning each of the one or more clients to an account;

create a baseline associated with each of the one or more clients;

establishing goals for each of the one or more clients;

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients;

compiling data associated with each of the one or more clients from one or monitoring devices;

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;

determining whether the goals are being met in response to thresholds for the compiled data; and

automatically communicating alerts in response to the compiled data varying from at least one of the threshold<u>s</u> to become significant for one of the one or more clients.

Claim 2 (Original): The method of claim 1, wherein the baseline is established utilizing

data from 1) one of the one or more clients and 2) one or more monitoring devices.

Claim 3 (Original): The method of claim 1, wherein the input is utilized to automatically establish accounts associated with each of the one or more clients.

Claim 4 (Original): The method of claim 1, further comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated.

Claim 5 (Original): The method of claim 1, wherein the server is accessed through a cloud network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.

Claim 6 (Original): The method of claim 1, further comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients.

Claim 7 (Original): The method of claim 1, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 8 (Original): The method of claim 1, further comprising:

recommending goals to the one or more clients in response to receiving the input.

Claim 9 (Original): The method of claim 1, further comprising:

modifying the goals in response to the compiled data varying from the baseline to become significant.

Claim 10 (Original): The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

Claim 11 (Currently Amended): A system for tracking progression toward goals, the system comprising:

a server communicates with communications devices through a transceiver utilizing one or more networks, the server includes a processor that executes a client management program to:

receive input establishing an account associated with a client stored in the server, wherein the client is an individual receiving treatment or assistance;

assign the client to an account;

create a baseline associated with the client based on data from at least the client and one or more monitoring devices;

set goals for the client;

compile data associated with the client received from the client and the one or more monitoring devices;

store the compiled data associated with the client in the server;

determine whether the goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from at least one of the thresholds to become significant for the client; and

a database in communication with the server configured to store at least the data, goals, and thresholds associated with the client.

Claim 12 (Original): The system according to claim 11, wherein the baseline further performs an assessment of the clients to determine the baseline associated with the client.

Claim 13 (Original): The system according to claim 11, wherein the alerts indicate that an intervention with the client is required.

Claim 14 (Original): The system according to claim 11, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 15 (Original): The system according to claim 11, wherein the goals are established by the client.

Claim 16 (Original): The system according to claim 11, wherein the client management program is further executed to:

recommend goals to the client in response to receiving the input.

Claim 17 (Currently Amended): A server comprising:

a processor for executing a set of instructions; and

a memory for storing the set of instructions, wherein the set of instructions are executed by the processor to:

receive input establishing clients receiving assistance, wherein the clients are individuals receiving treatment or assistance;

assign each of the clients to an account for treating or assisting each of the clients;

create a baseline associated with each of the clients;

set one or more goals for each of the clients;

compile data in the memory, the compiled data is associated with each of the clients received from one or more monitoring devices;

determine whether the one or more goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from at least one of the threshold<u>s</u> to become significant for one or more of the clients.

Claim 18 (Original): The server according to claim 17, wherein the set of instructions are further executed to:

physically intervene with the one or more of the clients in response to the alerts.

Claim 19 (Original): The server according to claim 17, wherein each of the one or

more goals is associated with a plan of action for achieving each of the one or more goals, and wherein the one or more goals are established by the client utilizing the baseline.

Claim 20 (Original): The server according to claim 17, wherein the one or more goals are not met if the compiled data varies from the baseline to become significant.

REMARKS

In the Office Action, the Examiner took the following actions:

I. Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431; and

II. Claims 1 - 20 are rejected under 35 U.S.C. 102 as being unpatentable over Douglas et al. (WO 99/03045) hereinafter "Douglas".

The Office Action may contain statements characterizing the related art and/or the claims. Regardless of whether any such statement is expressly identified and/or discussed herein, Applicant reserves the right to disagree with any such statement or characterization in the Office Action.

Applicant amends claims 1, 11, and 17 without prejudice or disclaimer of its subject matter. Claims 1, 11, and 17 correct a potential antecedent basis issue. Claims 1-20 remain pending and under examination. For at least the following reasons, Applicant respectfully requests reconsideration and withdrawal of the rejections.

Double Patenting

Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431. Applicants are willing to address the double patenting rejection if allowable claims are reached.

Claim Rejections - 35 USC§ 102

Claims 1 - 20 are rejected under 35 U.S.C. 102 as being unpatentable over Douglas et al. (WO 99/03045) hereinafter "Douglas". This rejection is respectfully traversed.

With regard to claim 1, the cited art does not appear to teach, suggest, or disclose "assigning each of the one or more clients to an account." The recited portion of Douglas teaches the following:

> Once the patient is set up on the system, it assists him or her in complying with his or her behavior modification program (block 1020, FIG. 60). (p. 8, lines 28-31)
>
> The system automatically correlates the patient's input with the physician's to check for accuracy. In addition, the system automatically provides the physician with reports of patient progress. Depending on the patient's plan requirements, the case advisor periodically reviews the patient-reported and physician-reported input to monitor whether the patient is complying with program parameters and meeting goals (block 1036, FIG. 60).
>
> As part of the feedback process, the system provides an "alarm" option (block 1040, FIG. 60). The system compares actual data about the patient with the goals and parameters residing in the system's database and automatically notifies the physician or case advisor via e-mail or facsimile (or pager depending upon the severity of the problem), if a health risk is present (block 1042, FIG. 60). For instance, if a patient's current blood pressure is potentially dangerous, the system will automatically send an alarm to the physician or case advisor and require his or her immediate action.
>
> If the difference between current data and goals does not present a threatening situation, the system will simply notify the physician or case advisor that these goals are not being met. For example, if the current data states that the patient has lost 5 pounds instead of 10, the system will notify the physician or case advisor of this fact. This information, although not life-threatening, must nonetheless be addressed by the physician or case advisor. He or she may then contact the patient in order to support and to further motivate him or her to meet the desired goals (block 1044, FIG. 60). In addition, the physician or case advisor may recommend that the program be modified to suit the patient's condition (block 1046, FIG. 60). (p.11, line 6 – p.12, line 2)

There is no mention of an "account" or the one or more clients being assigned to an account. The word client is not utilized in Douglas as it relates to a client. For at least this reason, claim 1 is allowable over the cited art.

In addition, Douglas does not teach, suggest, or disclose "determining whether

the goals are being met in response to thresholds for the compiled data." Douglas does not teach thresholds for the compiled data. In fact, Douglas does not mention thresholds at all. The cited art talks generically about whether "goals are not being met." (Douglas, p. 11, 19) There is no mention of "thresholds." For at least this reason, claim 1 is allowable over Douglas.

Furthermore, Douglas does not teach, suggest, or disclose does not teach, suggest, or disclose "automatically communicating alerts in response to the compiled data varying from at least one of the thresholds to become significant for one of the one or more clients." As previously mentioned Douglas does not disclose thresholds. In addition, Douglas does not mention the compiled data "varying from at least one of the thresholds to become significant." This language is distinct from that of Douglas that seems to relate to health risks. For at least this reason, claim 1 is allowable over the cited art.

Independent claims 11 and 17 are allowable for similar reasons. Dependent claims 2-10, 12-16, and 18-20 are allowable at least based on their dependence on claims 1, 11, and 17, respectively.

Applicants would welcome an opportunity to have an interview with Examiner Raab before a decision on the after-final response is made.

CONCLUSION

In view of the foregoing, Applicant respectfully requests reconsideration of this application and the timely allowance of the pending claims.

Please grant any extensions of time required to enter this response and charge any additional required fees to Deposit Account 506801.

Respectfully submitted,

Goodhue, Coleman & Owens, P.C.

Dated: September 24, 2024

By: /Brian D. Owens/
Brian Dean Owens
Reg. No. 55517
(515) 218-7888

PTO/SB/06 (09-11)
Approved for use through 1/31/2014. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875	Application or Docket Number 18/502,813	Filing Date 11/06/2023	☐ To be Mailed

ENTITY: ☐ LARGE ☑ SMALL ☐ MICRO

APPLICATION AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA		RATE ($)	FEE ($)
☐ BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A		N/A	
☐ SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A		N/A	
☐ EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*		x $40 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*		x $192 =	
☐ APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $310 ($155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
☐ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	

APPLICATION AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT	09/24/2024	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	* 20	Minus	** 20	= 0		x $40 =	0
	Independent (37 CFR 1.16(h))	* 3	Minus	*** 3	= 0		x $192 =	0
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	0

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	*	Minus	**	=		x $0 =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=		x $0 =	
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	LIE
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".	/BRENDA V HARRISON/
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney Docket No.
DHP-P0001CIP3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of: Bradley et al. **Application No.** 18/502,813 **Filing Date:** November 6, 2023 **For:** SYSTEM AND METHOD FOR ACHIEVING GOALS	**Confirmation No.** 6886 **Group Art Unit:** 2156 **Examiner:** Christopher J RAAB

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EFS-WEB

Commissioner:

In reply to the Final Office Action mailed July 24, 2024, please amend the above-identified application as follows in order to put the application in form for allowance or better form for appeal:

Amendments to the Claims are reflected in the listing of claims in this paper.

Remarks follow the amendments section of this paper.

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
18/502,813	11/06/2023	Nathaniel T. Bradley	DHP-P0001CIP3	6886

133690 7590 07/24/2024

Goodhue, Coleman & Owens, P.C.
7300 Westown Parkway, Suite 110
West Des Moines, IA 50266

EXAMINER	
RAAB, CHRISTOPHER J	

ART UNIT	PAPER NUMBER
2156	

NOTIFICATION DATE	DELIVERY MODE
07/24/2024	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

USPTO@dockettrak.com
docketing@goodhue.com
eofficeaction@appcoll.com

Office Action Summary	Application No. 18/502,813	Applicant(s) Bradley et al.	
	Examiner CHRISTOPHER J RAAB	Art Unit 2156	AIA (FITF) Status No

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTHS FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☑ Responsive to communication(s) filed on 07/03/2024.

☐ A declaration(s)/affidavit(s) under **37 CFR 1.130(b)** was/were filed on _____.

2a)☑ This action is **FINAL.** 2b) ☐ This action is non-final.

3)☐ An election was made by the applicant in response to a restriction requirement set forth during the interview on _____; the restriction requirement and election have been incorporated into this action.

4)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims*

5) ☑ Claim(s) 1-20 is/are pending in the application.

5a) Of the above claim(s) _____ is/are withdrawn from consideration.

6) ☐ Claim(s) _____ is/are allowed.

7) ☑ Claim(s) 1-20 is/are rejected.

8) ☐ Claim(s) _____ is/are objected to.

9) ☐ Claim(s) _____ are subject to restriction and/or election requirement

* If any claims have been determined allowable, you may be eligible to benefit from the **Patent Prosecution Highway** program at a participating intellectual property office for the corresponding application. For more information, please see http://www.uspto.gov/patents/init_events/pph/index.jsp or send an inquiry to **PPHfeedback@uspto.gov.**

Application Papers

10)☐ The specification is objected to by the Examiner.

11)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

Certified copies:

a)☐ All b)☐ Some** c)☐ None of the:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

** See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☑ Notice of References Cited (PTO-892)

2) ☑ Information Disclosure Statement(s) (PTO/SB/08a and/or PTO/SB/08b) Paper No(s)/Mail Date _____.

3) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date _____.

4) ☐ Other: _____.

DETAILED ACTION

Notice of Pre-AIA or AIA Status

01. The present application, filed on or after March 16, 2013, is being examined under the first inventor to file provisions of the AIA.

Response to Amendment

02. This action is in response to Applicant's amendment filed on **07/03/2024**. **Claims 1 – 20** are pending in the present application. **This action is made FINAL**, as necessitated by amendment.

Response to Arguments

03. Applicant's arguments with respect to claims 1 – 20 have been considered, but are moot in view of the new ground(s) of rejection.

Double Patenting

04. The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the claims at issue are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or

would have been obvious over, the reference claim(s). See, e.g., In re Berg, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); In re Goodman, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); In re Longi, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); In re Van Ornum, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); In re Vogel, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and In re Thorington, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the reference application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement. See MPEP § 717.02 for applications subject to examination under the first inventor to file provisions of the AIA as explained in MPEP § 2159. See MPEP §§ 706.02(l)(1) - 706.02(l)(3) for applications not subject to examination under the first inventor to file provisions of the AIA. A terminal disclaimer must be signed in compliance with 37 CFR 1.321(b).

The USPTO Internet website contains terminal disclaimer forms which may be used. Please visit www.uspto.gov/forms/. The filing date of the application in which the form is filed determines what form (e.g., PTO/SB/25, PTO/SB/26, PTO/AIA/25, or PTO/AIA/26) should be used. A web-based eTerminal Disclaimer may be filled out completely online using web-screens. An eTerminal Disclaimer that meets all requirements is auto-processed and approved immediately upon submission. For more information about eTerminal Disclaimers, refer to http://www.uspto.gov/patents/process/file/efs/guidance/eTD-info-I.jsp.

05. **Claims 1 – 20** are rejected on the ground of nonstatutory double patenting over claims 1 – 20 of prior U.S. Patent No. 11,809,431. The subject matter claimed in the instant application is fully disclosed in the referenced patent. The instant application recites a broader version of the claims recited in 11,809,431, and it is deemed an obvious variation or simplification of the prior patent. The only claim limitation in the instant application that varies slightly is the "automatically capturing data" step, though this appears to just be a continuation/combination of the following claim limitation in the prior patent that recites that the data includes weight data or provider data. All of the claimed limitations in the instant application are either broader versions or minor variations of wording of the claim's limitations in the prior patent, as outlined in the table below with respect to claim 1:

Application 18/502,813	**Patent 11,809,431**
1. A method for tracking progression toward goals, the method comprising:	1. A method for tracking progression toward goals, the method comprising:
receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;	receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;
assigning each of the one or more clients to an *account*;	assigning the one or more clients to one or more *providers*, **wherein the one or more providers include at**

	least one or more individuals available to treat or assist the one or more clients;
create a baseline associated with each of the one or more clients;	creating a baseline associated with the one or more clients;
establishing goals for each of the one or more clients **based at least in part on the baseline for each of the one or more clients;**	setting one or more goals for each of the one or more clients;
automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients;	
compiling data associated with each of the one or more clients **from one or monitoring devices;**	compiling data associated with the one or more clients over time**, wherein the data includes at least one of weight data and provider data;**

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;	storing the compiled data associated with the one or more clients in a server available through one or more networks;
	determining, for each goal of the one or more goals, a series of thresholds that represents progress towards the goal;
determining whether the goals are being met in response to thresholds for the compiled data; and	determining whether progress towards each goal is being achieved by comparing the series of thresholds that represents progress towards the goal **against the compiled data and the baseline for the compiled data; and**
automatically communicating alerts in response to the compiled data varying from a threshold to become significant for one of the one or more clients.	automatically communicating alerts in response to the compiled data varying from **one or more of the series of** thresholds to become significant for one of the one or more clients.

Claim Rejections - 35 USC § 102

06. In the event the determination of the status of the application as subject to AIA 35 U.S.C. 102 and 103 (or as subject to pre-AIA 35 U.S.C. 102 and 103) is incorrect, any correction of the statutory basis for the rejection will not be considered a new ground of rejection if the prior art relied upon, and the rationale supporting the rejection, would be the same under either status.

07. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (a)(1) the claimed invention was patented, described in a printed publication, or in public use, on sale or otherwise available to the public before the effective filing date of the claimed invention.

08. **Claims 1 – 4, and 6 – 20** are rejected under 35 U.S.C. 102(a)(1) as being anticipated by **Douglas et al. (WO 99/03045)**, hereinafter "Douglas".

Consider **claim 1**, Douglas discloses a method for tracking goal progression (page 2 line 36 – page 3 line 2), the method comprising:

receiving input establishing clients, wherein the clients are individuals receiving treatment or assistance (page 6 line 28 – page 7 line 16, patients are entered into the system, which includes information about the patient's conditions and what treatment they are to received) ;

assigning each of the clients to an account (page 8 lines 28 – 31, page 11 line 6 – page 12 line 2, the patients are assigned to a behavior modification program, which is something that can be logged into)

create a baseline associated with each of the one or more clients (page 6 line 28 – page 7 line 32, a patient has an initial evaluation that determines their baseline, which can include the current state of their vitals, characteristics, etc.);

establishing goals for each of the one or more clients, based at least in part on the baseline for each of the one or more clients (page 7 line 29 – page 8 line 9, goals and milestones are generated for the patients, which are based on the initial evaluation and baseline of the patient);

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients (page 10 lines 10 – 24, page 20 lines 3 – 44, the patient's characteristics, such as vitals, are determined, which can be obtained by way of devices, such that updated information about the patients is managed, including the patient's vitals);

compiling data associated with each of the one or more clients from the one or more monitoring devices (page 20 lines 3 – 44, the patient's characteristics, such as vitals and progress towards goals, are determined, such that updated information about the patients is managed, including the patient's vitals);

storing the compiled data associated with each of the one or more clients in a server available through one or more networks (page 8 lines 28 – 31, the patent data is stored on a server that is accessible through a network);

determining whether the goals are being met in response to threshold for the compiled data (page 11 line 8 – page 12 line 2, patient progress is monitored with respect to the goals, which includes determining if a certain level of progress is being made by the patient);

automatically communicating alerts in response to the compiled data varying from a threshold to become significant for one or more of the clients (page 11 lines 11 – 15, an alarm can be triggered in response to patient data being significant, such as posing a health risk).

Consider **claim 2**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices (page 6 line 28 – page 7 line 32, the baseline that is created for the patients can be obtained from the patient interacting with the system or through devices that capture patient information, such as their vitals).

Consider **claim 3**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the input is utilized to automatically establish accounts associated with each of the one or more clients (page 8 lines 28 – 31, page 11 line 6 – page 12 line 2, the behavioral modification program is generated in response to the inputs provided to the system).

Consider **claim 4**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated (page 11 lines 11 – 19, an alarm can be triggered in response to a threatening situation with the patient).

Consider **claim 6**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients (page 6 line 28 – page 7 line 32, a patient has an initial evaluation that determines their baseline, which can include the current state of their vitals, characteristics, etc.).

Consider **claim 7**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

each of the goals is associated with a plan of action for achieving each of the goals (page 7 line 5 – page 8 line 13, a program is created for the patient to assist in the achieving of goals).

Consider **claim 8**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

recommending goals to the one or more clients and the one or more providers in response to receiving the input (page 7 line 29 – page 8 line 9, goals are generated for the patients, which are based on the initial evaluation and baseline of the patient);

Consider **claim 9**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

modifying the goals in response to the complied data varying from the baseline to become significant (page 8 lines 8 – 13, page 11 lines 18 – 34, changes can be made to the goals for the patients).

Consider **claim 10**, and **as applied to claim 8 above**, Douglas discloses a method comprising:

modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients (page 8 lines 8

– 13, page 11 lines 18 – 34, changes can be made to the goals for the patients in response to determining that progress is not appropriate for that goals).

Claim 11 recites nearly the same claim limitations to those found in claim 1, albeit with a few changes to the structure of the limitations. However, nearly the same limitations are recited, and claim 11 is therefore rejected under the same rationale with respect to claim 1 above.

Claims 12 – 14 recite nearly the same claim limitations found in claims 2, 4, and 7 (respectively), and are rejected under the same rational with respect to those claims, as shown above.

Consider **claim 15**, and **as applied to claim 11 above**, Douglas discloses a system comprising:

the goals are established by the client (page 9 line 32 – page 10 line 9, patients can define their own hopes and milestones that they plan to attain, which can be used to determine goals for the clients).

Claim 16 recites nearly the same claim limitations found in claim 8, and is rejected under the same rational with respect to that claim, as shown above.

Claims 17 – 20 recite nearly the same claim limitations found in claims 1, 4, 7, 9, and 15, and are rejected under the same rational with respect to those claims, as shown above.

Claim Rejections - 35 USC § 103

09. In the event the determination of the status of the application as subject to AIA 35 U.S.C. 102 and 103 (or as subject to pre-AIA 35 U.S.C. 102 and 103) is incorrect, any

correction of the statutory basis for the rejection will not be considered a new ground of rejection if the prior art relied upon, and the rationale supporting the rejection, would be the same under either status.

10. The following is a quotation of 35 U.S.C. 103 which forms the basis for all obviousness rejections set forth in this Office action:

> A patent for a claimed invention may not be obtained, notwithstanding that the claimed invention is not identically disclosed as set forth in section 102 of this title, if the differences between the claimed invention and the prior art are such that the claimed invention as a whole would have been obvious before the effective filing date of the claimed invention to a person having ordinary skill in the art to which the claimed invention pertains. Patentability shall not be negated by the manner in which the invention was made.

11. **Claim 5** is rejected under 35 U.S.C. 103 as being unpatentable over **Douglas et al. (WO 99/03045)**, hereinafter "Douglas", in view of **Chitiveli (US PGPub 2013/0179450)**, hereinafter "Chitiveli".

Consider **claim 5**, and **as applied to claim 1 above**, Douglas discloses a method comprising:

the server is accessed through a [cloud] network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals (page 24 lines 3 – 34, a server is accessed through a network, whereby the programs are utilized by different communications devices and hardware/software).

However, Douglas does not specifically disclose a cloud network.

In the same field of endeavor, Chitiveli discloses a method comprising:

the server is accessed through a cloud network (paragraphs [0031], [0032], a cloud network it utilized, which is used to access a server).

Therefore it would have been obvious to one of ordinary skill in the art before the effective filing date of the claimed invention to incorporate the cloud network taught by Chitiveli into the patient monitoring system taught by Douglas to allow for a more complex and modern computing infrastructure to be used for the monitoring of patients and their conditions, which would also allow patients to access their health information on more modern devices/applications that could better assist them in their needs.

Conclusion

12. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

13. Any response to this Office Action should be **faxed to** (571) 273-8300 **or mailed to**:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Hand-delivered responses should be brought to

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314

14. Any inquiry concerning this communication or earlier communications from the Examiner should be directed to Christopher Raab whose telephone number is (571) 270-1090. The Examiner can normally be reached on Monday-Friday from 9:00am to 5:00pm.

If attempts to reach the Examiner by telephone are unsuccessful, the Examiner's supervisor, Ajay Bhatia can be reached on (571) 272-3906. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free) or 703-305-3028.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist/customer service whose telephone number is (571) 272-2600.

/CHRISTOPHER J RAAB/
Primary Examiner, Art Unit 2156

July 17, 2024

Notice of References Cited	Application/Control No. 18/502,813	Applicant(s)/Patent Under Reexamination Bradley et al.	
	Examiner CHRISTOPHER J RAAB	Art Unit 2156	Page 1 of 1

U.S. PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date YYYY-MM-DD	Name	CPC Classification	US Classification
*	A	US-5673691-A	1997-10-07	Abrams; Philip S.	G16H20/30	600/300
	B					
	C					
	D					
	E					
	F					
	G					
	H					
	I					
	J					
	K					
	L					
	M					

FOREIGN PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date YYYY-MM-DD	Country	Name	CPC Classification
	N	WO-9903045-A1	1999-01-21	WO	DOUGLAS P	A61B5/4833
	O					
	P					
	Q					
	R					
	S					
	T					

NON-PATENT DOCUMENTS

*		Include as applicable: Author, Title Date, Publisher, Edition or Volume, Pertinent Pages)
	U	
	V	
	W	
	X	

*A copy of this reference is not being furnished with this Office action. (See MPEP § 707.05(a).)
Dates in YYYY-MM-DD format are publication dates. Classifications may be US or foreign.

Search Notes	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

CPC - Searched*		
Symbol	**Date**	**Examiner**
G06Q10/06, limited keyword search	12/30/2023	CJR
G06Q10/0637, limited keyword search	12/30/2023	CJR

CPC Combination Sets - Searched*		
Symbol	**Date**	**Examiner**

US Classification - Searched*			
Class	**Subclass**	**Date**	**Examiner**

* See search history printout included with this form or the SEARCH NOTES box below to determine the scope of the search.

Search Notes		
Search Notes	**Date**	**Examiner**
PE2E search (see attached search strategy)	12/30/2023	CJR
Inventor name search	12/30/2023	CJR
NPL search: Google Scholar	12/30/2023	CJR
Updated search	07/17/2024	CJR

Interference Search			
US Class/CPC Symbol	**US Subclass/CPC Group**	**Date**	**Examiner**

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

Index of Claims	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

CLAIMS

☐ Claims renumbered in the same order as presented by applicant ☐ CPA ☐ T.D. ☐ R.1.47

CLAIM		DATE								
Final	Original	12/30/2023	07/17/2024							
	1	✓	✓							
	2	✓	✓							
	3	✓	✓							
	4	✓	✓							
	5	✓	✓							
	6	✓	✓							
	7	✓	✓							
	8	✓	✓							
	9	✓	✓							
	10	✓	✓							
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	16	✓	✓							
	17	✓	✓							
	18	✓	✓							
	19	✓	✓							
	20	✓	✓							

Doc code: IDS
Doc description: Information Disclosure Statement (IDS) Filed

PTO/SB/08a (01-22)
Approved for use through 05/31/2024. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Not for submission under 37 CFR 1.99)

Application Number	18502813
Filing Date	2023-11-06
First Named Inventor	Nathaniel T. Bradley
Art Unit	2156
Examiner Name	Christopher J RAAB
Attorney Docket Number	DHP-P0001CIP3

U.S.PATENTS Remove

Examiner Initial*	Cite No	Patent Number	Kind Code[1]	Issue Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines where Relevant Passages or Relevant Figures Appear
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	1							☐

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NON-PATENT LITERATURE DOCUMENTS Remove

Examiner Initials*	Cite No	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc), date, pages(s), volume-issue number(s), publisher, city and/or country where published.	T[5]

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /C.J.R/

INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)		
	Application Number	18502813
	Filing Date	2023-11-06
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	2156
	Examiner Name	Christopher J RAAB
	Attorney Docket Number	DHP-P0001CIP3

	1	Petition for Inter Partes Review Under 35U.S.C. §312, TALADOC HEALTH INC., V. DATA HEALTH PARTNERS, INC., CASE IPR2024-00616, Patent 11,144,554 B2. February 28, 2024. 89 pages.	☒
	2	Petition for Inter Partes Review Under 35U.S.C. §312, TALADOC HEALTH INC., V. DATA HEALTH PARTNERS, INC., CASE IPR2024-00617, Patent 11,151,142 B2. March 1, 2024. 87 pages.	☒
	3	Petition for Inter Partes Review Under 35U.S.C. §312, TALADOC HEALTH INC., V. DATA HEALTH PARTNERS, INC., CASE IPR2024-00618, Patent 10,061,812 B2. February 29, 2024. 87 pages.	☒

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Not for submission under 37 CFR 1.99)

Application Number	18502813
Filing Date	2023-11-06
First Named Inventor	Nathaniel T. Bradley
Art Unit	2156
Examiner Name	Christopher J RAAB
Attorney Docket Number	DHP-P0001CIP3

CERTIFICATION STATEMENT

Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):

☐ That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(1).

OR

☐ That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(2).

☐ See attached certification statement.

☒ The fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

☒ A certification statement is not submitted herewith.

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Brian D. Owens/	Date (YYYY-MM-DD)	2024-03-27
Name/Print	Brian Dean Owens	Registration Number	55517

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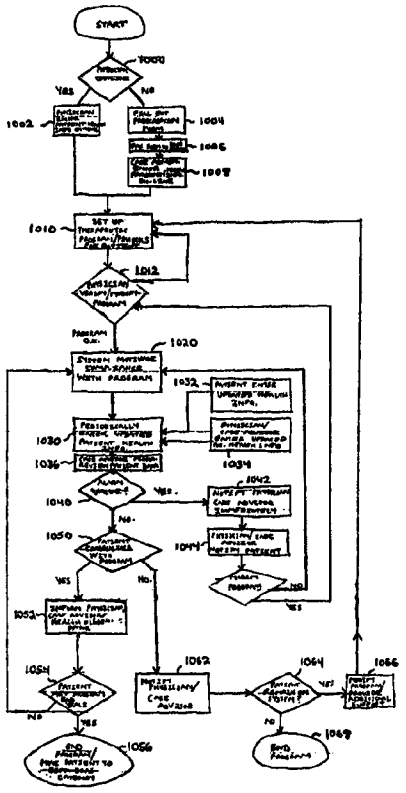
(54) Title: THERAPEUTIC BEHAVIOR MODIFICATION PROGRAM, COMPLIANCE MONITORING AND FEEDBACK SYSTEM

(57) Abstract

A therapeutic behavior modification program, compliance monitoring and feedback system includes a server based relational database, and one or more microprocessors electronically coupled to the server. The system enables development of a therapeutic behavior modification program having a series of milestones for an individual to achieve lifestyle changes necessary to maintain his or her health of recovering from ailments of medical procedures. The program may be modified (1012) by a physician or trained case advisor prior to implementation. The system monitors the individual's compliance (1050) with the program by prompting the individual to enter health–elated data (1030), correlating the individual's entered data with the milestones in the behavior modification program, and generating compliance data indicative of the individual's progress toward achievement of the program milestones. The entire system is designed around a community of support motif including a graphical electronic navigator operable by the individual to control the microprocessor for accessing different parts of the system.



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THERAPEUTIC BEHAVIOR MODIFICATION PROGRAM, COMPLIANCE MONITORING AND FEEDBACK SYSTEM

FIELD OF THE INVENTION

The present invention relates generally to a computer-implemented system for promoting wellness and improving health, and more particularly to a therapeutic behavior modification program, compliance monitoring and feedback system.

BACKGROUND OF THE INVENTION

One of the most difficult and costly areas of health care, education, and rehabilitation involves the need for individuals to modify their behavior to prevent or recover from medical ailments. Heart disease, stroke, diabetes, asthma, chronic pain, depression, addiction, cancer and a wide variety of other ailments have been clinically shown to respond well to lifestyle modification, including changes to diet, exercise patterns, and stress levels. Patients who are recovering from a surgical procedure such as heart bypass surgery or are suffering from diabetes, for example, must often make lifestyle changes in order to survive.

When individuals are successful in making and adhering to positive lifestyle changes, they frequently require fewer physician visits, go to the hospital less often, and have fewer surgeries. Long term medical costs go down accordingly.

At present, many programs for helping patients make lifestyle changes involve a doctor's visit and distribution of a brochure describing the health benefits of behavior modification and lifestyle change. This method is often ineffective in modifying behavior because there is little or nothing in the way of an on-going support mechanism to assist the patient in complying with recommendations, insufficient means for motivating the patient to make recommended changes, and insufficient means for monitoring compliance with such recommendations. Participation in an on-going support program is often effective for patients who have undergone surgery and must make subsequent lifestyle changes, but currently available in-person programs involve costly medical staff and facilities. It can also be inconvenient for the patient to travel to such programs on a regular basis. Because of their cost and the potential for inconvenience, many support programs last for only a limited time, which is often insufficient for the patient to modify behavior thoroughly and effectively.

Another disadvantage of existing lifestyle modification programs is the lack of information readily available to the physician regarding the patient's compliance with the program. With the present push toward low cost yet high quality health care, a system by which a physician could readily access information on patient compliance has clear benefits.

The development of a therapeutic program that could effectively motivate patients to modify their behavior and change their lifestyles to prevent or recover from ailments, and could be delivered to them electronically at home, work, or while traveling, would be highly desirable. It would also be desirable for such a system to enable physicians and their staffs to receive frequent feedback regarding patients' compliance with their programs. It would be further desirable if such a system allowed for aggregate reviews of such information by health plan payors, such as HMOs, insurance companies, and large self-insured employers, for the purpose of enhancing the efficiency of managed health care.

SUMMARY OF THE INVENTION

The present invention therefore provides for an integrated, computer-implemented, electronically deliverable patient therapeutic behavior modification program, compliance, monitoring, and feedback system which supports the design of customized therapeutic behavior and lifestyle modification programs for subscribers; accepts the input of current health data for these patients; enables the review of these health records by a physician; enables the performance of aggregate reviews of such records by health plan payors, such as HMOs, insurance companies, and large self-insured employers; and motivates the patient to comply with the program and make the necessary lifestyle changes through an integrated system of interactive graphical interfaces.

In an exemplary scenario, a physician prescribes parameters and goals for a such a therapeutic behavior modification program to help a patient recover from an ailment or surgical procedure, and these are input into the computer-implemented system. Alternately, one of several established behavior modification programs that have been designed for patient recovery from particular ailments or procedures can be utilized. The system provides a novel interface that allows immediate patient access to the behavior modification program and helps monitor compliance with the program by prompting the patient to input data relating to his or her adherence to the program's parameters. These parameters may relate, for example, to diet, exercise, and other factors pertinent to the behavior modification program. The patient, physician, case manager or members of the physician's staff may also input information relating to blood pressure, medication, and the results of other medical tests on a computer linked to the system. Using this input, the system can recommend a plan (also referred to as a therapeutic program) and goals based on established medical protocols. The physician can modify the program to customize it for the patient. Once the patient has begun to follow the program, the

system recommends modifications and updates to both physician and patient by correlating the patient's progress with previously established goals.

The system provides ongoing multimedia (audio, video, and e-mail) feedback to the patient through a novel, user-friendly interface designed around an interactive "village" or "community of support" motif that allows him or her to navigate electronically through different parts of the system. The interface provides access to pertinent medical information, an on-line journal that enables the patient to write down his or her feelings on a regular basis, an electronic calendar which integrates events mandated by the program with the patient's daily schedule, on-line interactive group support sessions with patients on similar programs, and motivational multimedia presentations. The system can make specific diet and exercise suggestions based on the patient's overall program. This data is monitored by a professional case advisor--a nurse trained in the protocols of the system's software--as well as electronically by the system's protocols themselves. The system provides specific feedback to the physician so that he or she can modify or update the program as the patient progresses; and in the aggregate to the health plan payor to assess management and cost factors. The health plan payor can also view individual records which are obtainable after receiving the proper medical release from the patient. By providing several channels of continuous feedback among the patient, physician, professional case advisor, and health plan payor through custom designed interfaces, the system helps enhance patient compliance with the behavior modification program, and can help make the overall health care system more efficient.

BRIEF DESCRIPTION OF THE DRAWINGS

These and other aspects of the present invention will become more apparent from the following Detailed Description of a presently preferred embodiment of the present invention read in conjunction with the accompanying drawings and exhibits, in which:

FIG. 1 is a block diagram illustrating how feedback and monitoring is used in the current embodiment of the therapeutic behavior modification program's compliance monitoring and feedback system

FIG. 2 is an exemplary prescription form for inputting a patient's baseline vital factors;

FIG. 3 is a graphical representation of a set of files for patients for whom recovery programs may be designed or modified;

FIG. 4 is a graphical representation of an exemplary patient file taken from among those represented in FIG. 3;

FIG. 5 is a graphical representation corresponding to the program Design option of FIG.4;

FIG. 6 is a graphical representation corresponding to the Program Detail option of FIG. 5;

FIG. 7 is an exemplary patient progress report;

FIG. 8 is a graphical representation of various interface tools, organized around a village motif, available to a clinical group patient;

FIG. 9 is a graphical representation of the system's Inner Core option;

FIG. 10 is a graphical representation of the system's Schedule Book option;

FIG. 11 is an expanded graphical representation of the Schedule Book;

FIG. 12 is a graphical representation of the system's Journal option;

FIG. 13 is an expanded graphical representation of the Journal;

FIG. 14 is a graphical representation of the system's Meeting Room option;

FIG. 15 is a graphical representation of the system's Coffee Shop option;

FIG. 16 is a graphical representation of the system's Post-office option;

FIG. 17 is a graphical representation of the system's Note option;

FIG. 18 is a graphical representation of the system's Postcard option;

FIG. 19 is a graphical representation of the system's Telegram option;

FIG. 20 is a graphical representation of the system's Audio E-mail option;

FIG. 21 is a graphical representation of the system's Kitchen option;

FIG. 22 is an expanded graphical representation of the Kitchen option;

FIG. 23 is a graphical representation of the system's Recipes option;

FIG. 24 is an expanded graphical representation of a Shopping List option;

FIG. 25 is an expanded graphical representation of an educational topic available through a pull-down menu in FIG. 22;

FIG. 26 is a graphical representation of the system's Gym option;

FIG. 27 is a graphical representation of a Stretching option of FIG. 26;

FIG. 28 is a graphical representation of a Strength Training option of FIG. 27;

FIG. 29 is a graphical representation of the system's Tranquility Park option;

FIG. 30 is a graphical representation of the system's Relaxation option;

FIG. 31 is a graphical representation of the system's Yoga option;

FIG. 32 is a graphical representation of the system's Library option;

FIG. 33 is a graphical representation of the system's Articles option;

FIG. 34 is a graphical representation of a World Wide Web access option;

FIG. 35 is a graphical representation of an educational topic available through a pull down menu in FIG. 32;

FIG. 36 is a graphical representation of the system's Travel Agency option;

FIG. 37 is an alternative user interface screen provided by the system;

FIG. 38 is a graphical representation of a log-on screen for a physician or case manager in accordance with another aspect of the present invention;

FIG. 39 is a graphical representation of a main menu available to a physician or case manager;

FIG. 40 is a graphical representation of an exemplary patient file;

FIG. 41 is a graphical representation of a blood pressure chart for an exemplary patient;

FIG. 42 is a graphical representation of a physical activity chart for an exemplary patient;

FIG. 43 is a graphical representation of a weight chart for an exemplary patient;

FIG. 44 is a graphical representation of a cholesterol chart for an exemplary patient;

FIG. 45 is a graphical representation of the system's Behavior option;

FIG. 46 is a graphical representation of the system's Recommend option;

FIG. 47 is an expanded graphical representation of the system's Communicate option;

FIG. 48 is a graphical representation of the system's Video Conferencing option;

FIG. 49 is a graphical representation of a main menu available to a health plan payor or employer;

FIG. 50 is a graphical representation of a View Compliance Status option;

FIG. 51 is a graphical representation of a View Comparative Costs option;

FIG. 52 is a graphical representation through which the system indicates whether the patient has executed a limited waiver of confidentiality;

FIG. 53 is another graphical representation of an excmplary patient record;

FIG. 54 is a graphical representation of the system's Review Costs option;

FIG. 55 is a graphical representation of the system's Review Outcomes option;

FIG. 56 is a graphical representation of the system's Perform Utilization Review option;

FIG. 57 is a graphical representation upon selection of an exemplary physician group of FIG. 55;

FIG. 58 is an expanded graphical representation of a Communicate option of FIG. 48;

FIG. 59 is a block diagram of the therapeutic behavior modification program's compliance monitoring and feedback system; and

FIG. 60 is a flow diagram illustrating certain aspects of the therapeutic behavior modification program's compliance monitoring and feedback system.

To facilitate description of the present invention, reference is made in numerous instances to the flow diagram of FIG. 60. For convenience, the blocks in the flow diagram are numbered beginning at 1000.

DETAILED DESCRIPTION OF THE INVENTION

Referring to FIG. 1, in a presently preferred embodiment of the invention, the patient 10, physician 12, case advisor 14, and health plan payor 16 (such as an HMO, insurance company or self-insured employer), all provide input to and/or receive output from the therapeutic behavior modification program's compliance monitoring and feedback system. The case advisor may be a doctor, nurse, and/or other trained medical professional experienced in case management protocols and practices. Patients electronically interact with the system, the case

advisor and their doctor through the system interface 18. The behavior modification program is customized to fit the health care and recovery needs of individual patients. The system provides at least two separate benefits: it helps the patient comply with the program through an electronically-implemented support mechanism; and further assists in monitoring such compliance.

A wide range of individuals can benefit from the system. By way of example only, these individuals include those with chronic ailments such as coronary artery disease, diabetes, chronic pain, depression, addiction, arthritis, cancer and asthma, as well as patients who are recovering from medical procedures such as angioplasty or by-pass surgery (the "clinical group").

Individuals who simply want to maintain their health and prevent or reduce the risk of such ailments (the "wellness group") can also benefit from the program. For these individuals, the program may be focused on stress management, diet, and exercise. The wellness group may further include family members of the clinical group who may need group support and/or counseling in dealing with the family member's chronic illness.

The members of the wellness group may not need all the features available to members of the clinical group. Furthermore, access to certain areas within the system may be limited and/or customized to meet the individual user's needs. However, wellness group members may choose to use the case management functions as a "virtual coach." For example, an individual may want to have a case advisor assist them in losing weight by helping the individual change his or her nutrition, exercise and stress management habits. The "virtual coach" or case advisor, can provide ongoing feedback and encouragement throughout the process. Wellness participants may also choose to join an on-line support group to help them achieve their health and wellness goals.

In an exemplary scenario, a physician diagnoses an individual with an ailment. The physician may then recommend a health care maintenance or recovery program which requires the patient to: take certain medications; participate in a support group; and control risk factors by altering his or her diet, following an exercise program, and managing stress levels.

The physician can then place the patient on the system to help him or her make these desirable or necessary lifestyle and behavior modifications. In order to subscribe the patient to the system, his or her baseline vital factors are entered. Such factors may include blood pressure readings, heart rate, height, weight, and cholesterol levels. Depending on whether the doctor is on-line (block 1000, FIG. 60), The doctor may input these vital factors into the system directly via his or her personal computer (block 1002, FIG. 60). Alternatively, the physician may fill out a prescription form and send the information to a case advisor, who then sets the patient up on the system (blocks 1004, 1006 and 1008, FIG. 60).

Referring to FIG. 2, an exemplary prescription form 22 contains identification information 23 such as the patient's name and identification. Using the form, the physician selects a diagnostic category 24 and prescribes a recovery program level 26. In the exemplary

embodiment, eight separate diagnostic categories exist that correspond to the state of the patient's health. Category I, for example, includes patients who have suffered from a heart attack within the current year, while Category VIII includes patients who suffer from no particular ailment but are on the plan simply to promote wellness. Other categories may also be added as necessary.

Depending on the diagnosis, the physician may recommend that the patient cease smoking or that he or she lose a targeted amount of weight within a certain period by circling the appropriate response in field 30. The physician may also enter other information, such as the patient's medications 32. The physician then circles or fills in desired 3-month targets 34 relating to, among other things, daily calorie intake, percent daily intake of saturated fat, maximum heart rate, and cholesterol level.

Referring to FIG. 3, the case administrator sets up a new patient based on information contained in the patient prescription form or accesses the records of existing patients through patient files 40. In this example, the patient files 40 are identified by the patient's name and social security number. To create or modify the program for a particular patient, the administrator creates a new folder or selects a preexisting folder 42 corresponding to the patient in question.

Once the physician or case administrator enters the patient into the system, either the system or case advisor recommends a default set of goals based on the patient's needs and existing medical protocols that may be modified by the physician (blocks 1010 and 1012, FIG. 60). FIG. 4 illustrates an exemplary patient record after selection of the desired patient file 42 in FIG. 3. The record includes, among other things, the patient's current status and program goals. The first column 44 of the record sets forth fields for pertinent patient information including the patient's vital signs (e.g., weight, cholesterol level, blood pressure), other baseline characteristics (e.g., patient's smoking habit, physical activity, alcohol and eating habits, depression and stress levels, seat belt use), and information relating to any medications used by the patient. The second column 46 of the record sets forth the baseline values corresponding to the vital signs and patient characteristics at the beginning of his or her participation in the program. As shown in the third column 48, the record may be updated on an ongoing basis by taking data from the patient on-line and from subsequent office visits. Based on the patient's initial evaluation and/or short-term progress, the physician or case advisor can design a new program or modify an existing program for the patient by selecting the system's Design option 50.

Referring to FIG. 5, upon selection of the Design option 50 in FIG. 4, the system prompts the physician or case advisor to assign intensity levels 51 corresponding to the patient's diet, exercise, stress management, need for group support, anticipated compliance, and pharmaceutical requirements. The intensity levels in this example range from a lowest level of 1 to a highest level of 5. Other measures of program intensity may also be included.

Based on the input information, the system, case advisor or physician generates a set of goals 52 or milestones for the patient. This is done by correlating patient information such as age, sex, weight and information relating to the health, life situation and diagnostic category of the patient to established medical protocols for that type of patient. Other pertinent information that may be taken into account includes the patient's medication and other health conditions. Based on the correlation, the system suggests a therapeutic program including goals relating to intake of calories from fat, exercise level, stress management counseling, and group support and compliance management frequency. The physician or case advisor may view details as to how the suggested goals may be implemented by selecting the system's Program Detail option 54.

Referring to FIG. 6, upon selection of the Program Detail option 54, the patient record 60 is presented along with the recommended one month goals 61 and final goals 62. The physician or case advisor may confirm 63 or edit 64 the suggested program to modify the goals by making appropriate selections (block 1012, FIG. 60).

The content of the patient records and the generated goals vary depending on the patient's diagnostic category. For example, some of the information shown on the patient record may not be necessary for an individual belonging to the wellness group. Information regarding calories, cholesterol level, blood pressure, and seat belt use, for instance, may not pertain to a person who is on the system to get support to help deal with a family member who suffers from a chronic ailment.

Referring to FIG. 7, the system also sends an exemplary patient status report 70 to physicians who do not have direct access to the system. The status report may include information regarding a patient's current status 66, suggested next steps 67, and target goals 68. Other information may also be included in the status report as desired by the physician. The physician has the option to agree with the suggested next steps 69 or indicate changes to the program. The physician then sends the report 70 back to the case advisor for modification of the program as necessary. Communication may take place via e-mail, facsimile, or any other method of transferring data.

Once the patient is set up on the system, it assists him or her in complying with his or her behavior modification program (block 1020, FIG. 60). To use the program, the patient logs into the system network via telephone line, cable modem, cellular connection, satellite link or other communication method that allows for a connection into a network server.

Referring to FIG. 8, in a presently preferred embodiment of the invention, the user interface for patients in the clinical and wellness groups is organized around a village motif. The user progresses through the system by following paths through a graphically represented town square to destinations including the village gymnasium 71, tranquility park 72, post office 74, coffee shop 76, store 78, library 80, travel agency 82, as well as the user's own "home" 84. The village motif presents the patient with an image of a community of support. The entire on-line community revolves around his or her recovery and well-being, and this helps bolster the

patient's confidence and motivation. Furthermore, the village motif provides an easy-to-understand representation of the system's structure. The patient learns to navigate the system more quickly and easily because of the intuitive town layout.

Another benefit of the village motif is its familiarity. A patient afraid of technology will be reassured through the symbolic images of home and neighbor, street and store. Finally, the patient may find navigating an electronic "neighborhood" more enjoyable than a traditional text-menu-driven system. Other user interfaces, such as the one described in conjunction with FIG. 37, are available.

Referring to FIG. 9, the inner core 86 of the village provides the user with a schedule book icon 90, a journal icon 94, a meeting room icon 96, a mail icon 98, and a rewards icon 92. These give the user access to additional tools that assist with complying with his or her health program, and further help the physician or case advisor monitor such compliance.

Referring to FIG. 10, upon selection the schedule book icon 90 from the interface of FIG 9, the system displays a graphical representation of a schedule book 90A. As shown in FIG. 11, the schedule book presents the user with a list of meetings that the user can participate in via his or her computer. The list of meetings varies for each user depending on his or her specific health recovery program. The schedule book also presents general information on the meetings, including time 100, date (not shown), and meeting profile 104, with a notation of how may people have signed up for the meeting 106. The system also sets a limit on the maximum number of individuals that may sign up for a meeting.

Based on this information, a user may then sign up for the meeting that best fits his or her schedule. Other factors, such as the city in which the other members are located 108 may also influence the user's choice. A user may decide to join a group whose members are located in his or her home city if he or she wants to meet these people face-to-face someday.

The system integrates the user's schedule book 90A with the user's personal electronic daily calendar. For example, after a patient signs up for a meeting, the system downloads the day and time of the meeting to the user's calendar. The calendar may be any suitable commercial calendar or organizer program, such as Organizer ™ available from Lotus Development Corp.

In an alternate embodiment, the user may make a further request via the schedule book for automated reminders to sent to him or her by e-mail.

Referring again to FIG. 9, the system also enables the user to access an integrated patient journal 94 from the village's inner core and self-report their progress and describe their feelings. Selection of a journal icon leads the user to a journal 94A like one shown in FIG. 12. Upon entering the journal 94A, the user has the option to view the personal goals that have been set for him or her by the physician or case administrator. The journal also provides a diary used to make a daily record of information pertinent to accomplishing the user's goals. The journal 94A provides an important tool that lets the patient express his or her feelings and fears in a

context other than that of a support group. By journaling, the patient can identify fears concretely, and thus begin to address them. Goal setting is also often more meaningful when it is written down. Instead of merely thinking about ambiguous hopes, patients can define in written form the concrete milestones they plan to attain. These notes can also help remind the patient of matters he or she might wish to discuss in support group meetings. The system also uses certain notations in the journal to assist in generating reports to the physician or case advisor regarding the patient's progress. As part of its overall security measures, the system separates those journal entries which the patient wishes to keep private from those which are to be used in generating reports.

FIG. 13 exemplifies the type of information which may be contained in the journal. For instance, a heart patient belonging to a clinical group may need to monitor his or her emotions 100 as well as the exercises he or she has been doing 104 by means of the journal. Depending on the patient's program, the system might also prompt the patient to input his or her vital signs 102, such as blood pressure and heart rate, in the journal. This can be done manually or automatically. For example, devices can be hooked into the computer's serial port for automatic input of blood pressure and heart rate into the system. Depending on the particular program, patients might be required to weigh themselves on a weekly basis and/or measure their cholesterol level with a home cholesterol kit on a relatively less frequent basis. This information is stored in the system's database and is accessible to the physician and case advisor.

The kind of information required of a person in the wellness group may differ from this. For example, if a user is in the wellness group because a family member is suffering from a chronic illness, it will not be necessary for him or her to input vital signs into the journal. Rather, information as to how he or she is doing emotionally, as well as information as to how much group support he or she is getting, may be solicited.

The user may also record his or her personal comments in the journal. This information may only be viewed by the individual user, and is not available to the case advisor or physician.

The journal is also integrated with the user's daily calendar. The user may, for example, input information as to his or her exercise schedule (such as 30 minutes walking on Tuesdays, Thursdays, and Saturdays) or meditation schedule into the journal. The system then downloads this information into the user's daily calendar. Previous journal entries may also be viewed.

In addition to allowing the patient to electronically enter his or her updated health information, the journal also provides the physician or case advisor with a means of getting feedback on the patient's progress. The information recorded in the journal is electronically forwarded to the case advisor. Alternatively, the case advisor has direct access to portions of the journal stored in the system's database. The physician or case advisor can use the information provided in the journal to update the program on an on-going basis.

The system also accepts additional patient data obtained during office visits or directly from the patient via e-mail or other means of communication. The physician may also input additional data, such as that derived from laboratory tests, into the system. Accordingly, the system accepts updated patient data directly from the patient and through data entered by the physician during office visits (blocks 1030, 1032 and 1034, FIG. 60).

The system automatically correlates the patient's input with the physician's to check for accuracy. In addition, the system automatically provides the physician with reports of patient progress. Depending on the patient's plan requirements, the case advisor periodically reviews the patient-reported and physician-reported input to monitor whether the patient is complying with program parameters and meeting goals (block 1036, FIG. 60).

As part of the feedback process, the system provides an "alarm" option (block 1040, FIG. 60). The system compares actual data about the patient with the goals and parameters residing in the system's database and automatically notifies the physician or case advisor via e-mail or facsimile (or pager depending upon the severity of the problem), if a health risk is present (block 1042, FIG. 60). For instance, if a patient's current blood pressure is potentially dangerous, the system will automatically send an alarm to the physician or case advisor and require his or her immediate action.

If the difference between current data and goals does not present a threatening situation, the system will simply notify the physician or case advisor that these goals are not being met. For example, if the current data states that the patient has lost 5 pounds instead of 10, the system will notify the physician or case advisor of this fact. This information, although not life-threatening, must nonetheless be addressed by the physician or case advisor. He or she may then contact the patient in order to support and to further motivate him or her to meet the desired goals (block 1044, FIG. 60). In addition, the physician or case advisor may recommend that the program be modified to suit the patient's condition (block 1046, FIG. 60).

Regardless of whether an alarm condition exists, the system periodically correlates the updated patient health information with the program goals to determine the patient's progress and compliance with the program (block 1050). If the patient is progressing in accordance with his or her program, the system informs the physician and/or case advisor (block 1052, FIG. 60). The physician or case advisor may then provide positive reinforcement to the patient. Depending on the patient's progress, the case advisor or physician can also determine whether to modify the program by altering the goals or moving the patient into a different diagnostic category. The patient may even be removed from the system if he or she has met program end goals (blocks 1054, 1056, FIG. 60).

The system also notifies the physician or case advisor if the patient is not progressing toward program goals or is not using the system (block 1060, FIG. 60). The case advisor along with the physician then determines whether to modify the patient's therapeutic program,

provide the patient with additional support, or remove the patient from the system (blocks 1064, 1066 and 1068, FIG. 60).

The system also enables direct feedback to the individual user. As one of the features of the journal, users may view their levels of compliance and achievement of goals. Patients may not recognize they are making progress until presented with reminders of how much they have improved. System generated charts and summaries, discussed below with respect to FIGS. 41 to 44, provide patients with an overview of how far they have come.

Referring again to FIG. 9, as another tool to assist patients to comply with their programs, the system offers an electronic meeting room and group support room interfaces via meeting room icon 96 through which a patient receives on-going, on-line group support. Putting a patient in contact with people with the same or similar problems through group counseling has clinically-proven therapeutic benefits. The system facilitates this process through the use of electronic and on-line technologies. On-line group counseling solves many of the logistical difficulties encountered in bringing together, on a regular basis, a large group of people with different schedules who live in different places. Instead of requiring patients to travel physically to a single location, the system enables them to attend group meetings by simply logging on to their computers. As the burden on the individual patient decreases, group attendance increases, and this enhances the overall practical, therapeutic value of group counseling and support.

On-line counseling also brings a patient into contact with a wider pool of people with similar problems than traditional counseling can. When desirable or necessary, group membership can be drawn from people in a wide variety of regions, instead of being limited to a single vicinity.

Furthermore, the relative anonymity of electronic communication benefits patients who are reserved or possibly embarrassed by their situations. These patients may be more willing to share their feelings in an on-line environment than they would be face-to-face.

Patients have access to the meeting room interface via a meeting room icon 96. Upon selection of the meeting room icon 96, patients are presented with meeting rules and regulations. They may then proceed to a pre-scheduled meeting. Only those scheduled for a meeting will be permitted to attend. The scheduling of meetings is part of the schedule book interface explained above in conjunction with FIGS. 10 and 11.

Referring to FIG. 14, each participant 112 may chose to represent him or herself in one of two different ways in the meeting room. The participant 112 may have his or her photo scanned to represent him or her in the system. Alternatively, if anonymity is desired, the patient may choose to be represented by a non-photographic icon, or "avatar," accompanied by either his or her own name or a pseudonymous screen name. The patient will then be represented by that avatar in group meetings and private mentoring sessions. In some cases, patients may choose to design and construct their own avatars.

A trained, experienced leader or chairperson 114 is an important part of these group counseling sessions. It is the chairperson's responsibility to guide the discussion and encourage participation from all members. To enhance the beneficial aspects of group counseling, the system allows the chairperson 114 to access selectively certain parts of the patient's on-line journals and electronically display the selected portion in an anonymous manner to the on-line group. The chairperson can also cut somebody off electronically if he or she is saying things that are inappropriate.

In the preferred embodiment, a participant 112 "speaks" during the meeting by entering text at 122. Upon hitting the enter key, this text appears as "bubble-talk" 116 above the representation of the participant 112 who entered the corresponding text. In an alternate embodiment, instead of using a "bubble-talk" format, each participant 112 may participate at the meetings by talking into a microphone connected to his or her PC, and listening to other participants via speakers also connected to the PC.

A log window 110 keeps a running or scrolling record of the conversations during the meeting. Thus, if a participant 112 loses track of the conversation, or wants to comment on something said earlier, he or she has access to the entire conversation as reference.

During group counseling meetings, a chairperson 114 may play on-line multimedia presentations featuring other patients or well-known figures who have made positive lifestyle changes. In the presently preferred embodiment, each participant has access to the multimedia presentation, such as a video clip, via CD-ROM or DVD received by mail on a regularly updated basis. Alternatively, if the user has access to the appropriate software and hardware, and has a connection of sufficient bandwidth to the server, the multimedia presentation may be streamed to him or her over the network. In addition to CD-ROM, the system can also use DVD disk, downloads to the user's computer hard drive, or any other method or medium capable of storing or transmitting audio and video data.

When it is time to view the multimedia presentation, the chairperson selects, for instance, a particular video clip from a menu of video clips available on his or her CD-ROM or DVD. This sends a signal via the network to each participant's PC. The signal received matches a code on each participant's CD-ROM or DVD, which triggers the playing of the selected video by the PC. If the video is stored on DVD disk or on the user's computer hard drive, or some other storage medium, the video could be triggered to play from that medium as well.

The participants may not play the video prior to the meeting because only the chairperson has access to the code which releases the video. Thus, prior to a meeting, users may view a list of videos in his or her CD-ROM, DVD disk, hard drive, or other storage medium, but videos which have not been shown already at meetings will be inaccessible for viewing. Once a video is released by a chairperson and played for the first time at a meeting, the participants may access it any time thereafter.

The case administrator or advisor knows in advance who the chairperson for a meeting will be and will give him or her access to the video clip to be shown at that meeting.

The multimedia presentations shown at the meetings may feature well-known or public figures and other patients who may have dealt with the same issues that the participants are facing. For example, in a meeting for patients who have suffered heart attacks, a video clip of a celebrity who recovered from a similar problem may be shown. In the clip, the celebrity would talk about his or her own heart attack, the bypass surgery that he or she underwent, and the depression that followed. The celebrity would also describe other struggles that he or she faced, and how these struggles were overcome during the recovery process. Likewise, video clips of program participants may also be used to provide motivational examples of success stories, or to express deep-felt emotions (e.g., anger, depression, etc.) that must be dealt with by that individual and other members of the group in order to be successful in his or her recovery.

Such presentations may act as a source of motivation to the participants, giving them a sense of hope. If someone else was able to overcome the same obstacles, they can too.

The presentations may stimulate further discussion during the meeting, and allow participants to open up about the issues and struggles that they are facing during their recovery process.

Another function provided by the meeting room 96A interface is electronic telephone dialing. Each participant has a phone icon 118 in front of his or her avatar. If a participant wants to talk to any other person in the meeting, he or she may click on the phone icon and the telephone number to that person is dialed automatically. This allows the members to contact each other after meetings to talk further via regular phone lines if desired. The conference room participants also have direct access to a more private mentoring area by clicking on a coffee shop icon 76B. Users of the system may also gain access to this private mentoring area by selecting the coffee shop 76 from the village as shown in FIG. 8.

FIG. 15 is an exemplary illustration of the inside of the coffee shop 76B. Conversation here occurs much like in the meeting room 96A, except for the fact that the conversation is not monitored and structured by a chairperson. Text is inputted at 132 and appears as bubble talk at 134. A record of the conversation is also kept at the log window 130.

In the preferred embodiment, the system allows a maximum of four people into a single coffee shop at a time. Such a restriction is desirable given that the purpose of the coffee shop is for one-on-one mentoring. In the private setting of a coffee shop, more experienced individuals can pass on their experiences to less experienced ones as well as advice as to how to overcome the obstacles that they may be facing.

The group support room 96A and coffee shop 76B applications are implemented by means of third-party chat room applications such as Palace, commercially available from The Palace, Inc., Beaverton, Oregon. The chat room applications may be integrated into the

system and modified to provide additional functionality. Triggering of multimedia presentations during group meetings and the monitoring of attendance are separately programmed into the system.

Through on-line group meetings and private mentoring rooms, the system allows patients to maintain contact with other people who have the same or similar problems, all in entertaining ways that encourage and assist the patient to adhere to program parameters and achieve program goals.

The communications feature of the system further allows users to keep in constant contact with their physician, case advisor, or other users of the system. Although in the presently preferred embodiment of the invention communication is done via e-mail, other methods of communication may also be used. For instance, it is envisioned that the system will allow instant messaging, conference calls, and/or video conferencing as alternate means of communication.

Referring again to FIG. 9, the mail icon 98 gives a user access to the e-mail feature. A user may also access his or her e-mail by selecting the village post office 74 shown in FIG. 8.

Referring to FIG. 16, the system includes four different types of e-mail options: letters 140, postcards 142, telegrams 144, and audio e-mail 146.

FIG. 17 is an example of a letter 140A, which functions as standard e-mail.

FIG. 18 is an example of a postcard 142B, which may be used to send short notes. For instance, postcards may be sent to users to survey the level of satisfaction with the service provided by the system. The postcard would contain questions on this issue, and users would be asked to send the postcard back after having answered the questions.

FIG. 19 is an example of a telegram 144A, which has the highest priority among the types of e-mail provided by the system. The telegram may be used, for instance, to alert a user that he or she has missed a meeting, or just as a short note of encouragement by the case advisor or group leader to an individual user.

FIG. 20 is an example of an audio e-mail 146A notification. Upon clicking this icon, users can hear a recording of the message sent to them via speakers attached to their PCs.

The communications functionality may be implemented by integrating any one of a number of conventional e-mail programs with the system.

As will become more apparent from a detailed description of the system's other interfaces, the system takes a two-pronged approach to behavior modification: education and motivation. Entertainment is used as a means of both educating and motivating a user to make the sometimes difficult changes required for recovery or even for maintaining a healthy lifestyle.

Motivation is one approach to behavior modification. It is the path from education to compliance, which is a goal of the system as a whole. The support group and case advisor described above add a human element to this motivational component. Patients are more likely to respond positively to the encouraging words of others than they would be to a program which must be followed in isolation.

The system's multimedia capabilities allow it to use graphics, videos, and music to communicate and educate. These features provide a refreshing boost to the patient's endeavor to modify his or her behavior, replacing the drudgery typically associated with clinical medical rehabilitation programs. Segments featuring celebrities, medical experts, motivational speakers and successful program participants delivering motivational speeches and personal testimonials further inspire the user. Humor is integrated throughout the system, for example in the whimsical artwork. The entertainment derived from these features of the system is used to spark and maintain the patient's interest in the unfolding drama of his or her recovery and lifestyle change.

The rewards feature is yet another motivational tool provided by the system. Referring again to FIG. 9, the reward "apples" icon 92 allows a user to view information on the rewards point system and how it works, as well as the user's own personal rewards account. Users may earn points by good participation in the program and by reaching certain milestones. For instance, points may be earned for good attendance at meetings, good participation during the meetings, chairing a meeting, or losing a certain amount of weight, if this was a goal to be accomplished.

Rewards range from the symbolic kind, such as getting "gold stars" that commend a user for his or her progress, to reward points and frequent flier miles which may be exchanged for goods in the village store 78 or plane tickets in the village travel agency 82, respectively.

Education is a complementary behavior modification approach offered by the system. Education is provided through informative on-line multimedia presentations and the interactive areas of the village devoted to diet, exercise, and stress management. For example, the recipes provided in the village kitchen, discussed below in conjunction with FIGS. 21-24, are designed to improve patients' diets without forcing them to take on impossible austerities or give up their love for food.

Exercise and stress management programs, discussed below in conjunction with FIGS. 26-31, are designed both to allow for variety and to lie within the individual patient's ability range. By making exercise and a healthy diet both feasible and interesting, the system enables patients to stick with their new lifestyles.

The system also provides relevant articles and includes hyperlinks to other, reputable Internet sites devoted to providing medical and health-related information, as discussed below in conjunction with FIGS. 32-35.

Referring again to FIG. 8, the system encompasses a "home" 84 interface as part of the village motif. Upon its selection, a screen showing the inside of the user's "home" 84 follows, as depicted in FIG. 21. Once inside his "home" 84, the user may access the kitchen by selecting the kitchen icon 150.

FIG. 22 illustrates the interior of the user's kitchen 155. Once in the kitchen 150A, users have the option to get nutritional and dieting information from low-fat cookbooks 153, or view and print recipes from a recipe book 154. FIG. 23 gives an example of a recipe which may be contained in the recipe book 154.

Referring again to FIG. 22, users also have the option to prepare and print a shopping list 156. A user may chose several recipes from the recipe book 154, and the system can automatically enter the ingredients into the user's shopping list 156. The user can also manually enter items into the shopping list 156 via his or her PC keyboard. FIG. 24 gives an example of a user's shopping list.

The system can also indicate which recipes are allowable under the particular patient's program. For example, the system might recommend certain low-fat items that meet the criteria of a patient's program as well as suitable foods he or she might consider when eating out. The system is also capable of generating weekly shopping lists based on program parameters. According to personal preference, users may choose to substitute certain allowable foods for other.

Moreover, users have access to a pull-down computer menu by selecting the computer menu icon 152. From this computer menu, users can access various educational topics related to food, nutrition, and diet. One such topic may, for instance, relate to the basic food groups and may provide information as to the suggested amount of servings for each category of food, as shown in FIG. 25.

The guest chef 158 option shown in FIG. 21 further allows users to view audio or video clips of a chef showing how to prepare a certain recipe. In the presently preferred embodiment, these clips are contained in the user's CD-ROM or DVD, but with proper technology could be sent via streaming audio or video.

From the kitchen, a user may substitute foods (e.g., asparagus for broccoli); access and print food related articles; view new recipes or articles by selecting the "what's new" button (not shown); or join a discussion group via a bulletin board (not shown).

Referring again to FIG. 8, another part of the village motif is the village gymnasium 71, which is used by the system to make recommendations or supply information regarding suitable exercise routines. Each exercise program is generated according to individualized parameters and needs, with progress being regularly charted by user input via the journal 94A (FIGS. 12-13).

Upon entering the gymnasium 71, a user may view featured video clips or listen to audio clips; do key-word searches to access and print exercise related articles; read and print exercise manuals; or join a discussion group via a bulletin board.

FIG. 26 illustrates the inside of a gymnasium 71 shown in FIG. 9. Shown here are various exercise topics 160 that a user may access. For instance, selecting the stretching topic 162 gives the user information on recommended exercises for stretching different muscle groups. FIG. 27 illustrates one such stretching exercise.

Similarly, selecting the strength training topic 164 gives the user information on recommended exercises to help strengthen various muscle groups. FIG. 28 illustrates one such strength training exercise.

Referring again to FIG. 9, the village tranquility park 72 focuses on stress management strategies, including relaxation techniques, biofeedback, yoga, and meditation. Upon entering the park 72, a user may access and print articles on stress management subjects; view video clips or listen to audio clips on these subjects; and join discussion groups via a bulletin board.

An expanded illustration of the tranquility park 72 is shown in FIG. 29. Upon selection of the relaxation option 170, an instructional article on the subject is invoked, as shown in FIG. 30. Similarly, upon selection of the yoga option 172, an instructional article about yoga is invoked, as shown in FIG. 31.

Referring back to FIG. 8, the system also gives access to a village library 80 which allows users to do research germane topics. Thus, patients interested in learning more about their medial condition may access the library 80 in order to educate themselves on the topic.

FIG. 32 illustrates the interior of the library 80. From here, a user may select an Articles option 180 to gain access to an available list of articles 186 via his or her CD-ROM, as shown in FIG. 33. The kind of articles 186 available to a user will vary depending on the type of user. For instance, if the user suffers from a chronic cardiac condition, the articles 186 will all relate to such topic. The list of articles 186 is updated on an ongoing basis to reflect new developments and research on the topic.

Users are also provided with hypertext links 188 to other reputable Internet sites devoted to providing medical and health-related information. These Internet sites may also be accessed by selecting the world wide web option 182 as shown in FIG. 32.

Once linked to an Internet article, a user is taken to a separate web browser from which he or she may navigate the web. FIG. 34 is an example of an Internet site to which a user might get connected upon selection of the world wide web option 182 of FIG. 32.

Furthermore, users have access to a pull-down menu by clicking the menu icon 184. From this menu, users can select various educational topics germane to the user's condition. For instance, an article available through the pull-down menu may teach a user suffering from a chronic cardiac condition how to determine his or her target heart rate zone, as shown in FIG. 35.

Users may also do key word searches to access and print articles of interest, to view featured video clips, or listen to audio clips.

Referring again to FIG. 8, the village store 78 and travel agency 82 are two additional interfaces accessible to users. Upon entering the store 78, users are taken to an in-house or third-party web site through which they may order relevant items, either on-line or by telephone.

Users may also search the store database and view product information, including pictures, descriptions, and prices of products. Moreover, users may view the status of their orders and contact customer service via e-mail or telephone.

Similarly, when a user enters the travel agency 82, he or she is linked to a third-party co-branded reservation system. FIG. 36 illustrates the inside of travel agency 82. From here, a user may make on-line travel reservations by selecting a Reservations option 202. A user may also view the frequent flier miles he or she has accrued so far by selecting a Check Reward Points option 200. As discussed above, a user may gain frequent flier miles by good participation in the program and reaching certain milestones.

Although the user-interface for clinical and wellness group members has been described in terms of a village motif, an alternative user-interface could incorporate another alternate embodiment of the system interface shown in FIG. 37. A multi-frame screen is shown which includes: a main navigation area 210; content area 212; message or video screen area 214; and an instructions area 216. The message or video screen area 214 may be used to show advertisements. The instructions area 216 may be used as a "What's New" area or for the bulletin board functionality discussed above for the kitchen 150A (FIG. 22), gymnasium 71 (FIG. 26), and tranquility park 72 (FIG. 29) interfaces.

FIGS. 38-47 and 49-58 illustrate user interfaces for the case advisor and HMO, some of which are also accessible by the patient. Unlike the user interface for patients, the navigation for the physician/case advisor is generally less graphical and more chart oriented.

Referring now to FIG. 38, a log-on screen 220 for the user interface for a physician/case advisor is shown. The screen 220 requires the physician or case advisor to input their name 222 and corresponding password 224. Screen 220 thus acts as a security measure by ensuring that only legitimate users are able to gain access to the system.

Referring to FIG. 39, an initial screen containing a main menu 230 of the options available to the physician/case advisor follows the log-on screen 220. A Design Program For Patient option 232 allows a physician/case advisor to create a new program or modify an existing program for a patient, as described above in conjunction with FIGS. 3-6.

A second option within the main menu 230 is a Review Patient Record option 234 which allows a physician/case advisor to review the health record of a particular patient.

A list of current patients (not shown), substantially similar to the list shown in FIG. 4 follows upon selection of a Review Patient Record option 234.

Referring now to FIG. 40, a health record of an exemplary patient is shown. The record may provide identifying information, including the patient's name 240, subscription ID 242, and social security number 244. Furthermore, information as to the total amount of time that the patient has been participating in the program may be given as shown at 246.

Column 258 shows the patient's vital signs and other health-related factors, such as blood pressure 250, number of cigarettes smoked per day 252, amount of physical activity 254, weight 256, and cholesterol level 258. Some of these factors may be monitored and reported on a weekly basis, as shown in columns 260-268. Other factors, such as the patient's cholesterol level 258, may be monitored and reported on a bi-weekly basis, as shown in columns 260, 264, and 268. The ultimate goal to be achieved in each of the specified areas is given in column 272.

A list of the risk factors which may affect the patient's recovery may further be pin-pointed as shown at 270.

Vital signs may be represented graphically for the patient, physician and case advisor. These may include charts or graphs of the patient's blood pressure 250A (FIG. 41), physical activity 254A (FIG. 42), weight 256A (FIG. 43), and cholesterol level 258A (FIG. 44). These graphs allow the physician/case advisor to review and grasp the patient's progress visually over a period of time, and help him or her determine how the patient is doing in relation to the ultimate goals that are to be achieved in the charted areas.

Referring again to FIG. 40, a physician/case advisor is also given an option 274 to assess the patient's behavior. Upon selection of this option, the system provides a behavioral change assessment form 305 like the one shown in FIG. 45. This form 305 is used to determine how inclined the selected patient is toward complying with the recommended program. In the preferred embodiment, on-line questionnaires are submitted to the patients, asking them to rate their behavioral intention 300, self-efficacy 302, and social support 304. Alternate forms of evaluation may also be used to assess the likelihood of a patient's compliance with the program.

The system periodically assesses and reports the patient's behavioral change as shown in columns 306 and 308. The desired goals 310 are also listed to monitor whether the patient is making progress towards them. If a patient continues to score low on the behavioral change assessment form 305, this may indicate that he or she is unable to change his or her lifestyle, and lead to the conclusion that the patient should be taken off the system.

The system generates reports on patient progress based on the data shown in FIGS. 40-45, as frequently as the physician desires. These reports can be received via either e-mail or facsimile. The frequency of reports will depend on the needs of the particular patient, and may be triggered by the achievement of goals or the setting off of alarm signals as described above.

The system can also generate regularly scheduled reports for a physician's review on a default basis, depending on a patient's needs. For example, patients who are relatively ill can be reviewed twice a week or more, even if no warning signals occur.

Upon receiving feedback from the system regarding changes to a patient's behavior modification program, a physician or case adviser may want to make recommendations about the program. FIG. 46 shows an exemplary recommendation screen which follows the selection of a Recommend 276 option of FIG. 40. If, for example, a patient initially placed on a program of walking 15 minutes three times a week loses 5 pounds and lowers his or her blood pressure, the system might generate a report to the physician recommending an increase in the patient's walking time to 45 minutes per session as shown at 322. The system may further make recommendations as to the frequency and duration of stress reduction exercises 328 as well as on other areas of the program as shown at 326. The physician reading the report can accept 330 or modify 332 the recommendations.

The system's reporting features enable a physician to handle more patients in the same amount of time without decreasing the quality of care. The system also allows for a patient feedback loop independent of this self-monitoring capability. If the patient has a difficult night, for example, he or she can send an e-mail through the system directly to the case advisor or the physician via the mail 98 (FIGS. 9, 16-20) or post office 74 (FIG. 8) interfaces.

Once the physician/case advisor is satisfied with the recommendations, he or she may electronically communicate 334 program changes to the subscriber.

FIG. 46 also shows an example of a patient who has earned reward points 324 for not having smoked for 60 days. The reward points shown here are to be cashed in at the village store 78 shown in FIG. 8.

Referring to FIG. 47, the system presents a message screen upon the selection of a communications 334 option of FIG. 46. The case advisor may send the recommendation 346 made by the system and reviewed and/or modified by the physician, to the subscriber 340 with an attached audio e-mail message 344, or alternately via text e-mail or facsimile. A copy of the recommendation 346 and message 344 may also be stored in the system's database 342.

Physicians/case advisors may further communicate with patients by video conferencing. An existing third-party video conferencing package may be integrated to the system to allow the video conferencing feature. The minimal requirements for a PC to support the video conferencing capability is a clock cycle of 90 megahertz, 24 megabytes of random access memory, a color camera, a video capture board, an audio board, a video input capture board, and an ISDN line. The technical specification may change as technology affecting bandwidth and/or data compression changes.

As shown in FIG. 47, the video conferencing feature may be accessed upon selection of a video conferencing option 347. A video conferencing manager, like one illustrated in FIG. 48 may then be used to conduct the video conference.

A health plan payor, such as an HMO, insurance company, or self-insured employer, may also access the system. Information that is released by a patient may also be sent electronically to the health plan payor. The information can then be combined with the provider's information to analyze individual patients or aggregate results of all people on the program. The analysis may include, for example, cost per patient, cost for patients in each category or group, and physician utilization. The system's relational database that allows for the custom gathering of data, depending upon the requirements of the health plan. The system may also provide aggregate reports to the health plan payor for management review and cost control purposes. A health plan payor may be less interested in looking at individual patient files and more interested in looking at information as to the number of subscribers on the system, the cost of keeping the subscribers on the system, and how this cost compares to that incurred by patients who are not on the system. At the same time, several layers of electronic security measures insure the individual patient's privacy by strictly segregating the type of information available to the various parties who have access to the system.

The user interface for the health plan payor is similar to the user interface used by a physician/case advisor. When the health plan payor signs onto the system, a main menu screen with a list of options available is provided, as shown in FIG. 49. From here, the payor may choose to view overall compliance status 350, perform case management review 352, perform an utilization review 356, review outcomes 354, or communicate 358, each of which options is described in further detail below.

Upon selection of a view compliance status 350 option, the health payor views current compliance status based on pre-determined categories 360, as shown in FIG. 50. For each category, information as to the total number of eligible patients 364, number of participating patients 366, participating patients complying with the program 368, participating patients put on probation due to lack of compliance 372, and patients terminated 376, may be displayed.

A comparative cost analysis screen is also invoked via a view comparative costs option 362. FIG. 51 shows an example of the cost of maintaining patients on the system. The total cost 380 may be compared against costs incurred by a control group of patients who have not subscribed to the system 382. Comparative savings achieved by use of the system are shown in column 384.

Referring back to FIG. 49, the main menu 348 also includes a perform a case management review 352 option. A list of current patients (not shown), substantially similar to the list shown in FIG. 4, follows selection of this option.

Once a patient file has been selected, a confidentiality waiver information 390 is displayed, as shown in FIG. 52. A patient will be assured confidentiality and privacy in the areas where waiver has not been given. For instance, portions of the patient's journal will be kept confidential and unavailable to the health plan payor, ensuring that patients remain open and honest in making daily journal entries.

Upon selection of a continue option 392, a screen similar in content to the screen shown in FIG. 40 is shown in FIG. 53. As with the user interface for physicians/case advisors, indications of the patient's blood pressure level 404, physical activity 406, weight 408, and cholesterol levels 410 over time, are given. These may also be represented graphically to the health plan payor in a form substantially similar to FIGS. 41, 42, 43, and 44 respectively.

A health plan payor, however, has a review costs option 400 which is not available to a physician/case advisor.

FIG. 54 illustrates an exemplary screen viewable upon selection of the review costs option 400 of FIG. 53. Shown here is information as to the costs incurred to date in maintaining the selected patient on the system. The system costs 410, health service costs 412, and total costs 414 are represented in a bar graph format in this particular example. The cost incurred by a control group patient who is not on the system is also shown 418. This cost is compared to the total costs 414 and the amount of savings 416 thus achieved, and is also displayed in a bar graph format.

Referring back to FIG. 49, another option provided by the main menu 348 is a review outcomes 354 option, which provides a screen like the one shown in FIG. 55 with information as to the various patient outcomes, based on various pre-determined categories. For instance, information as to the percent of compliant subscribers who had an emergency room ("ER") visit 420 is shown. This information may be compared against ER visits made by non-compliant subscribers 422 and control group patients who have not subscribed to the system 424.

Referring back to FIG. 49, the main menu 348 also provides for a utilization review 356 option. As shown in FIG. 56, upon making this selection, a screen appears with information including the name of the group or facility using the system, this group or facility's specialty 432, the number of cases to date 434, the percentage of cases referred to the system 436, and how this percentage compares 438 to the targeted utilization percentage 440.

Upon selection of a particular group or facility 442, the same type of information for the doctors within the selected group or facility 442 may be obtained, as shown in FIG. 57.

The main menu 348 in FIG. 49 further provides a communicate 358 option leading to FIG. 58. The health plan payor may send an audio e-mail 456, text e-mail 458, or fax 460 to the case advisor 450, responsible physician 452, or subscriber 454 as shown here.

In this way, the system provides an on-going loop of compliance monitoring and feedback to help the patient make difficult lifestyle changes. Once the patient has achieved the desired goals, he or she can continue to use the system as a health maintenance or wellness program. An aim of the system is to educate and motivate patients to take control

of their lives and improve their health by modifying their behavior and changing their lifestyles.

FIG. 59 is a block diagram of the present system. It will be apparent to those skilled in the art that the invention described herein may be implemented on various platforms. In a preferred embodiment, however, patients, physicians, case advisors, and health plan payors have access to a PC 500 with a Pentium microprocessor. The PC 500 contains audio and CD-ROM 502 capabilities. However, a PC 500 may have other multimedia capabilities including video display and capture capabilities, microphones, etc. The PC 500 is further connected to a printer 504 for generating hard copies of any data accessible by the computer.

In a preferred embodiment, the operating system utilized by the PC 500 is a windows-based operating system, preferably Windows 95.

In the preferred embodiment of the invention, each PC 500 is electronically linked to network server 508 via the Internet 518. Contained in each server 508 is a transaction server 510, meeting server 512, "inner circle" server 514, and "outer circle" server 516. The transaction server 510 is utilized to handle secure purchases via the store 78 (FIG. 9) or travel agency (FIG. 36) interfaces.

The secure meeting server 512 is dedicated to implementing the meeting room 96 and coffee shop functionalities discussed in reference to FIGS. 9, 14, and 15. The secure "inner circle" server 514 is dedicated to handle sensitive data, such as medical records.

Other servers may be added as needed. For instance, there may be a separate media server to handle the audio and video functionalities of the system.

Communication via the Internet 518 is achieved in the preferred embodiment of the invention through telephone lines by means of a high-speed modem 506 connected to the PC 500. Alternatively, satellites, television cable systems, and ISDN lines may be utilized to access the Internet 518. Standard TCP/IP is utilized as the protocol to communicate between the servers 508 and a PC 500 via the Internet 518.

The network server 508 may be located at a health plan payor facility with an independent third party that acts as an Internet Service Provider or elsewhere. The servers 510-516 have access to one or more relational databases 522 (such as SQL) that contain all the health plan data, including information input to the journal and schedule book information. For example, pertinent information from a patient's journal will be uploaded to the server and downloaded to the physician and case advisor. Information provided by the physician will also be uploaded to the same server. System data will be downloaded to the case advisor on a periodic basis for review.

All the information needed by a user of the system is located in the databases 522 or on CD-ROM and/or DVD distributed to the users on a periodic basis, or, as technology permits, via streaming audio and video. For instance, in the presently preferred embodiment, the video and audio clips available to a chairperson 114 for conducting meetings (FIG. 14), or

via the kitchen (FIGS. 21, 22), gym (FIG. 26), tranquility park (FIG. 29), and library (FIG. 32) interfaces is located on CD-ROM or DVD. However, with the emergence of ISDN, cable modem, XDSL, and direct satellite delivery, it is anticipated that the system will be capable of sending streaming video and audio over the network.

There are three levels of security implementation to help achieve secure transmission of data to and from the servers 510-516, as well as to ensure that only authorized users may access the databases 522. User security for patients, physicians/case advisors, and health plan payors is assured by a two tier (user id and password) system. An example of such log-on screen is shown in FIG. 36.

Furthermore, a "cookie"-based code is used to monitor when users log in and out, and to keep track of how each user uses the system. This will, for example, allow the system to keep attendance at group meetings. If a user has missed a group meeting, the case advisor would then be able to follow up with him or her about the absence.

Referring back to FIG. 59, a firewall 520 is also provided at the server level to protect confidentiality of health plan data. Furthermore, encryption is furnished to ensure that communication between servers 510-516 and PCs 500 is secure.

A network administrator 524, who may be the case administrator or an independent third party, is also attached to the server 508. The network administrator subscribes all users to the system except for clinical or wellness group participants. Physicians or case advisors are responsible for subscribing clinical or wellness members. The network administrator is also in charge of maintaining the system's databases 522.

In the preferred embodiment, the system is constructed using the C++ programming language in conjunction with SQL 6.5, Cold Fusion, commercially available from Alaire Company, Visual Basic, commercially available from Microsoft Corporation), and HTML. Active X and Java components may also be invoked to handle the multimedia functions of the system.

It will be understood that the foregoing is merely illustrative of the principles of the invention, and that various modifications can be made by those skilled in the art without departing from the spirit and scope of the invention as defined by the following claims. For example, the system can be programmed in any number of programming languages besides C++ code to achieve the underlying principles of the present invention. The screens can be reformatted to change their appearance, and many different data sets can be used for various patients with different chronic diseases.

CLAIMS

1. A method for monitoring compliance with a therapeutic behavior modification program, the method comprising the steps of:

providing a therapeutic behavior modification program having a series of milestones for a patient;

inputting patient data at prescribed times; and

correlating the patient's data using a microprocessor with the milestones in the therapeutic behavior modification program to determine whether the patient is complying with the program.

2. The method of claim 1 further comprising the steps of grouping particular data using the microprocessor and linking the data to a remote computer.

3. The method of claim 1 further comprising the step of using the microprocessor to provide graphical screens for encouraging the patient to comply with the therapeutic behavior modification program.

4. A therapeutic behavior modification program, compliance monitoring and feedback system comprising:

means, comprising a relational database and a microprocessor coupled to the database, for developing a therapeutic behavior modification program having a series of milestones for an individual;

means for monitoring the individual's compliance with the program including:

means for prompting the individual to enter health-related data;

means for correlating the individual's entered data with the milestones in the behavior modification program and generating compliance data indicative of the individual's progress toward achievement of the program milestones;

means, accessible to the relational database and microprocessor, for motivating the individual to comply with the program comprising an integrated system of graphical system interfaces, the motivating means including:

means for enabling the individual to review the compliance data;

means for providing health information to the individual from a remote source;

an electronic calendar integrated with the behavior modification program for signaling the individual to take action pursuant to the behavior modification program wherein the calendar accesses the relational database and integrates requirements of the program with the individual's daily schedule;

an electronic journal for enabling the individual to enter personal health-related information;

an electronic meeting room for linking the individual to a plurality of other individuals having related behavior modification programs for facilitating group peer support sessions for compliance with the program; and

means for providing motivational media presentations to the individual for encouraging the individual to comply with the program; and

a graphical electronic navigator operable by the individual to control the microprocessor for accessing different parts of the system.

5. The system of claim 4 wherein the means for developing the therapeutic behavior modification program comprises:

means for inputting preliminary health information relating to the individual;

means for presenting a plurality of suggested behavior modification programs containing suggested milestones generated as a function of the preliminary health information;

means for selecting one of the suggested behavior modification programs and altering the milestones to generate the individual's behavior modification program; and

means for loading the behavior modification program into the relational database.

6. The system of claim 4 further comprising means for providing the motivational media presentations to the individuals in the electronic meeting room as part of the group support sessions, thereby facilitating interactive group discussion about the presentations.

7. The system of claim 4 further comprising means for enabling the individual to select an avatar to represent himself or herself in the electronic meeting room.

8. A method for assisting an individual to comply with a therapeutic behavior modification program, the method comprising the steps of:

providing the therapeutic behavior modification program having a series of milestones for the individual;

inputting health data relating to the individual at prescribed times;

correlating the individual's health data with the milestones in the behavior modification program using a relational database and generating compliance data indicative of whether the individual is complying with the program;

grouping particular compliance data using a microprocessor and linking the data to a remote computer; and

motivating the individual to comply with the behavior modification program by:

providing medical information to the individual relating to the program;

presenting the individual with the compliance data to allow the individual to personally monitor compliance with the program;

signaling the individual to take action according to the program through an electronic interface integrated with the individual's daily schedule;

providing remotely accessible group support sessions and motivational media directed toward encouraging the individual to achieve the program milestones; and

enabling the individual to retrieve the medical information, compliance data, and scheduling signals, and participate in the group support sessions and view the motivational media through a graphical electronic interface.

9. The method of claim 8 wherein the step of providing remotely accessible group support sessions and motivational media comprises presenting the motivational media during the group support sessions to facilitate interactive group discussion about the presentations.

10. The method of claim 8 further comprising the step of selecting an avatar to represent the individual during the group support sessions.

11. A method for assisting an individual to comply with a computer implemented behavior modification program, the method comprising the steps of:

providing milestones in the behavior modification program to be achieved by the individual;

monitoring the individual's compliance with the program by:

obtaining health-related data of the individual at prescribed times;

comparing the health-related data with the milestones for generating compliance data indicative of whether the individual is complying with the program, and encouraging the individual to comply with the program if the compliance data indicates lack of compliance; and

comparing the health-related data against accepted medical protocols and alerting the individual's physician or case advisor when a health-risk is present;

educating the individual electronically on health topics germane to the individual's condition and behavior modification program; and

motivating the individual to comply with the behavior modification program by:

providing group support for the individual by electronically linking the individual to a plurality of other individuals having related behavior modification programs;

providing a reward to the individual when certain of the milestones are reached;

presenting the individual with the compliance data for enabling the individual to personally monitor compliance with the program;

enabling the individual to enter comments germaine to the behavior modification program in a computer-implemented journal; and

providing motivational multi-media presentations for encouraging the individual to comply with the program.

12. The method of claim 11 wherein the step of obtaining the health-related data comprises the user providing the data through a computer-implemented journal.

13. The method of claim 12 wherein portions of the data in the journal are accessible to a physician.

14. The method of claim 11 wherein the step of obtaining the health-related data comprises a physician obtaining the data from office visits by the individual to the physician.

15. The method of claim 11 wherein the step of educating comprises providing recipes, stress management strategies, and nutritional, dieting, and exercise information to the individual.

16. The method of claim 15 wherein ingredients appearing on the recipes are downloaded automatically to an on-line shopping list.

17. The method of claim 11 wherein the group support is provided by a computer-implemented meeting room wherein the individual and the plurality of other individuals participate in on-line group meetings, the meetings comprising:

a chairperson for monitoring discussions and triggering multi-media presentations; and

a means of representing the individual and the plurality of other individuals in the group meetings.

18. The method of claim 17 wherein a computer-implemented schedule book enables the individual to:

view a list of on-line group meetings;

sign-up for a particular group meeting from the list of group meetings; and

request automated reminders for reminding the individual of group meetings for which the individual has signed-up.

19. The method of claim 17 wherein the meetings further comprise a means for the individual for contacting the plurality of other individuals via telephone directly from the computer-implemented meeting room.

20. The method of claim 11 wherein the group support is provided by a computer-implemented mentoring area for mentoring and giving support to the individual by other more experienced individuals.

21. The method of claim 20 wherein no more than a predetermined number of the more experienced individuals may be present in the mentoring area at a single time with the individual.

22. The method of claim 11 wherein the group support is provided through electronic mail for facilitating communication with the physician, case advisor, or the plurality of other individuals having related behavior modification programs.

23. The method of claim 11 wherein the group support is provided through an electronic bulletin board wherein the individual posts messages and read messages posted by the other individuals having related behavior modification programs.

24. The method of claim 11 wherein the reward is rewards points for being redeemed for goods, frequent flier miles, or a symbolic reward commending the individual for good work.

25. A therapeutic behavior modification program, compliance monitoring and feedback system comprising:

means, comprising a relational database and a microprocessor coupled to the database, for developing a therapeutic behavior modification program having a series of milestones for an individual;

means for subscribing an individual to the behavior modification program;

means for monitoring the individual's compliance with the program including:

means for obtaining health-related data of the individual at prescribed times for input into a relational database;

means for comparing the health-related data with the milestones in the behavior modification program for generating compliance data indicative of whether the individual is complying with the program, and encouraging the individual to comply with the program if the compliance data indicates lack of compliance; and

means for comparing the health-related data against accepted medical protocols and alerting the individual's physician or case advisor when a health-risk is present;

means for educating the individual electronically on health and medical topics germane to the individual's condition and behavior modification program;

means, accessible to the relational database and microprocessor, for motivating the individual to comply with the program including:

means for providing group support for the individual by electronically linking the individual to a plurality of other individuals having related behavior modification programs;

means for providing a reward to the individual when certain of the milestones are reached;

means for presenting the individual with the compliance data for enabling the individual to personally monitor compliance with the program;

means for enabling the individual to enter personal feelings and comments germaine to the behavior modification program into a computer-implemented journal; and

means for providing motivational multi-media presentations for encouraging the individual to comply with the program;

means for modifying the program based on the individual's progress; and

a graphical user interface for controlling the microprocessor for accessing different parts of the system.

26. The system of claim 25 wherein the means for developing the therapeutic behavior modification program comprises:

means for inputting preliminary health information relating to the individual;

means for presenting a suggested behavior modification program containing suggested milestones generated as a function of the preliminary health information and accepted medical protocols;

means for modifying the suggested behavior modification program to generate the individual's behavior modification program;

means for loading the behavior modification program into the relational database; and

means for giving access to the individual to the graphical user interface for controlling the microprocessor for accessing different parts of the system.

27. The system of claim 25 wherein the means for obtaining the health-related data comprises means of prompting the individual to input health-related information into a computer-implemented journal.

28. The system of claim 25 wherein the means of educating comprises means for providing recipes, stress management strategies, and nutritional, dieting, and exercise information to the individual.

29. The system of claim 28 wherein the means for providing recipes includes means for downloading recipe ingredients to a computer-implemented shopping list.

30. The system of claim 25 wherein the means for providing group support comprises means for providing on-line group meetings comprising:

means for electronically viewing a list of group meetings available for participation;

means for electronically registering for a particular group meeting;

means for sending automated reminders for reminding the individual about the particular group meeting for which the individual is registered;

means for providing an electronic meeting room for the group meetings;

means for monitoring discussion during the group meetings;

means for triggering multi-media presentations during the group meetings;

means for electronically representing the individual and the plurality of other individuals in the group meetings; and

means for contacting the plurality of other individuals via a telephone directly from the computer-implemented meeting room.

31. The system of claim 25 wherein the means for providing group support comprises a means for providing a computer-implemented mentoring area for mentoring and giving support to the individual by other more experienced individuals.

32. The system of claim 25 wherein the means for providing group support comprises electronic mail means for facilitating communication with the plurality of other individuals.

33. The system of claim 25 wherein the means for providing group support comprises electronic bulletin board means for posting messages and reading messages posted by the other individuals having related behavior modification programs.

34. The system of claim 25 further comprising a means for providing security from unauthorized access to the system.

35. The system of claim 25 further comprising a means for health plan payors for monitoring usage of the system.

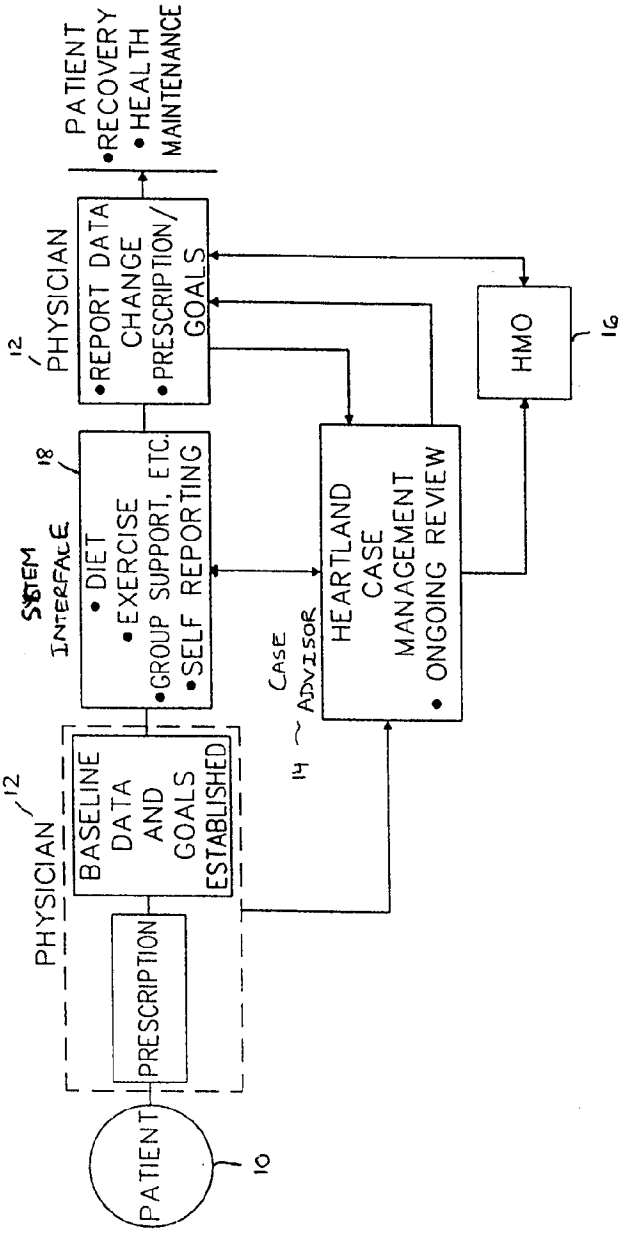

PATIENT
10
PHYSICIAN
12
PRESCRIPTION
BASELINE DATA AND GOALS ESTABLISHED
SYSTEM INTERFACE
18
• DIET
• EXERCISE
• GROUP SUPPORT, ETC.
• SELF REPORTING
CASE ADVISOR
14
HEARTLAND CASE MANAGEMENT
• ONGOING REVIEW
PHYSICIAN
12
• REPORT DATA CHANGE
• PRESCRIPTION/ GOALS
HMO
16
PATIENT
• RECOVERY
• HEALTH MAINTENANCE

Fig 1

Fig 2

22

HeartLand Prescription Form

23

Patient Name	Patient ID	Date	Physician Name	Physician ID

1. Fill in diagnosis:

Patient Diagnosis	Co-morbid Diagnosis
	26

2 Circle a diagnostic category:

24

Category	Diagnosis	Level 1 (mos.)	Level 2 (mos.)	Level 3 (mos.)	Health and Wellness
I	Current year MI survivor	3	3	6	Contin.>12th month
II	Current year alt. to PTCA or CABG	3	3	6	Contin.>12th month
III	Current year diagnosed CAD	3	3	6	Contin.>12th month
IV	All diagnosed Angina	3	3	6	Contin.>12th month
V	Prior years' post MI/surgical--High Risk	3	3	6	Contin.>12th month
VI	Prior years' post MI/surgical--Low Risk	1	1	10	Contin.>12th month
VII	2 or more Risk factors	0	2	4	Contin.>6th month
VIII	Health and Wellness	0	0	0	Continuous

3. Please circle as appropriate:

30

Does the patient need smoking cessation? Yes No
Have you prescribed nicotine patch or gum? Yes No
Does the patient need weight reduction? Yes No If yes, target weight: _____

32

4. What are patient's current and prescribed medications?

Medication	Standard Dosage	Comments/Changes
HCTZ	25 mg	
Atenolol	50 mg	
Lisinopril	20 mg	
Atorvastatin	20 mg	
Lovastatin	20 mg	
Antioxidant: Vitamin E	400 IU	
Antioxidant: Vitamin C	500 mg	
Other:		
Other:		
Other:		
Other:		

34

5. Circle or fill in desired 3-month targets:

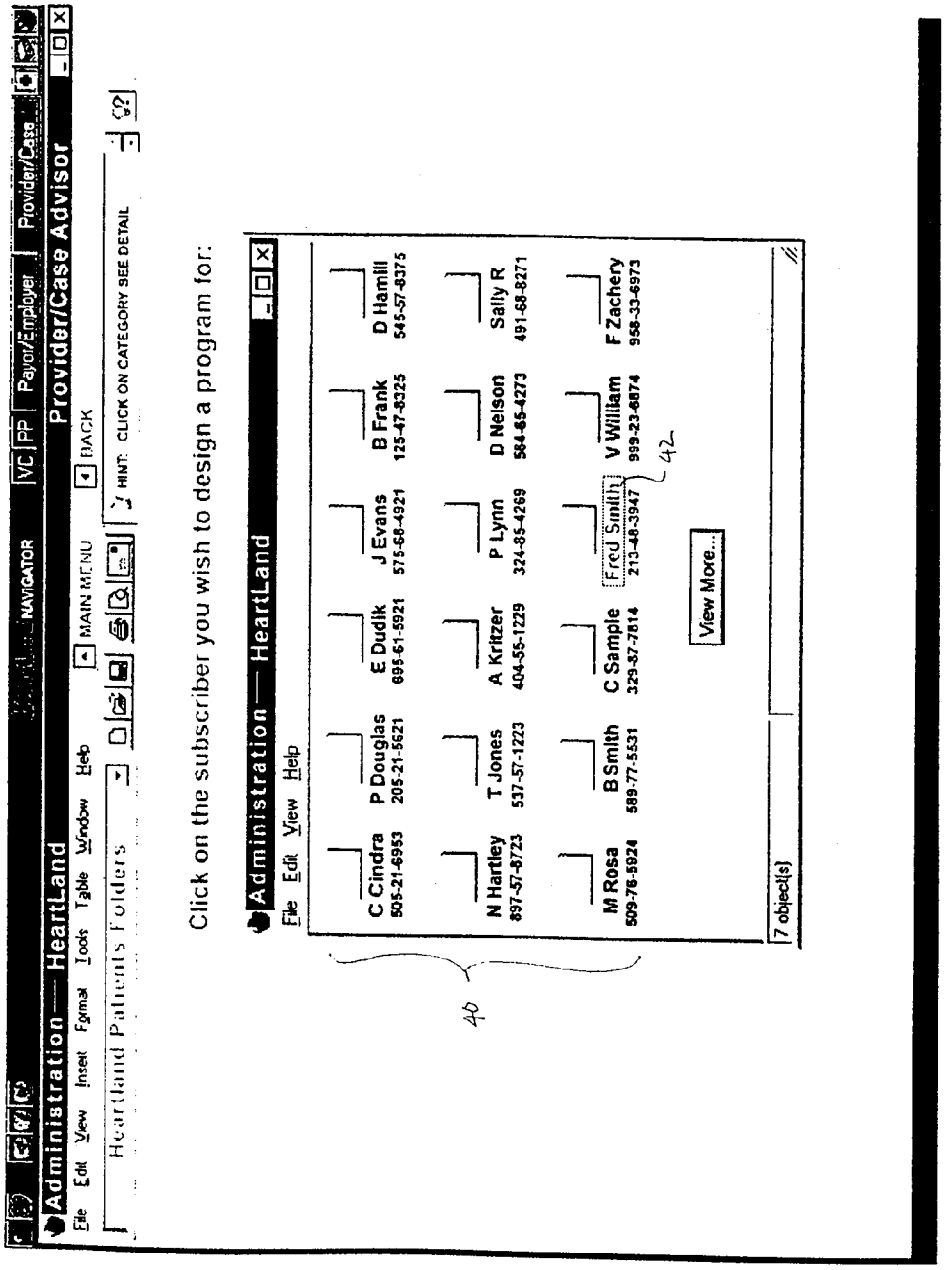
Daily calories	1200	1500	2000	2500	3000
Sat Fat Grams	<15	15	18	20	25
Pct Fat Cal	10%	15%	20%	25%	30%
Exercise (Freq/wk/RPE)	20/5x/3	30/5x/4	45/5x/5	50/5x/6	60/5x/7
Max Heart Rate					
Stress Reduction Needs	Low Need	Some	Definite	High	Very High
Lipid Level Target					
Total Cholesterol	140	150	175	200	<225
LDL	60	70	80	<100	<125
HDL	35	37	39	41	>42

Physician's Signature:_____ Telephone:_____

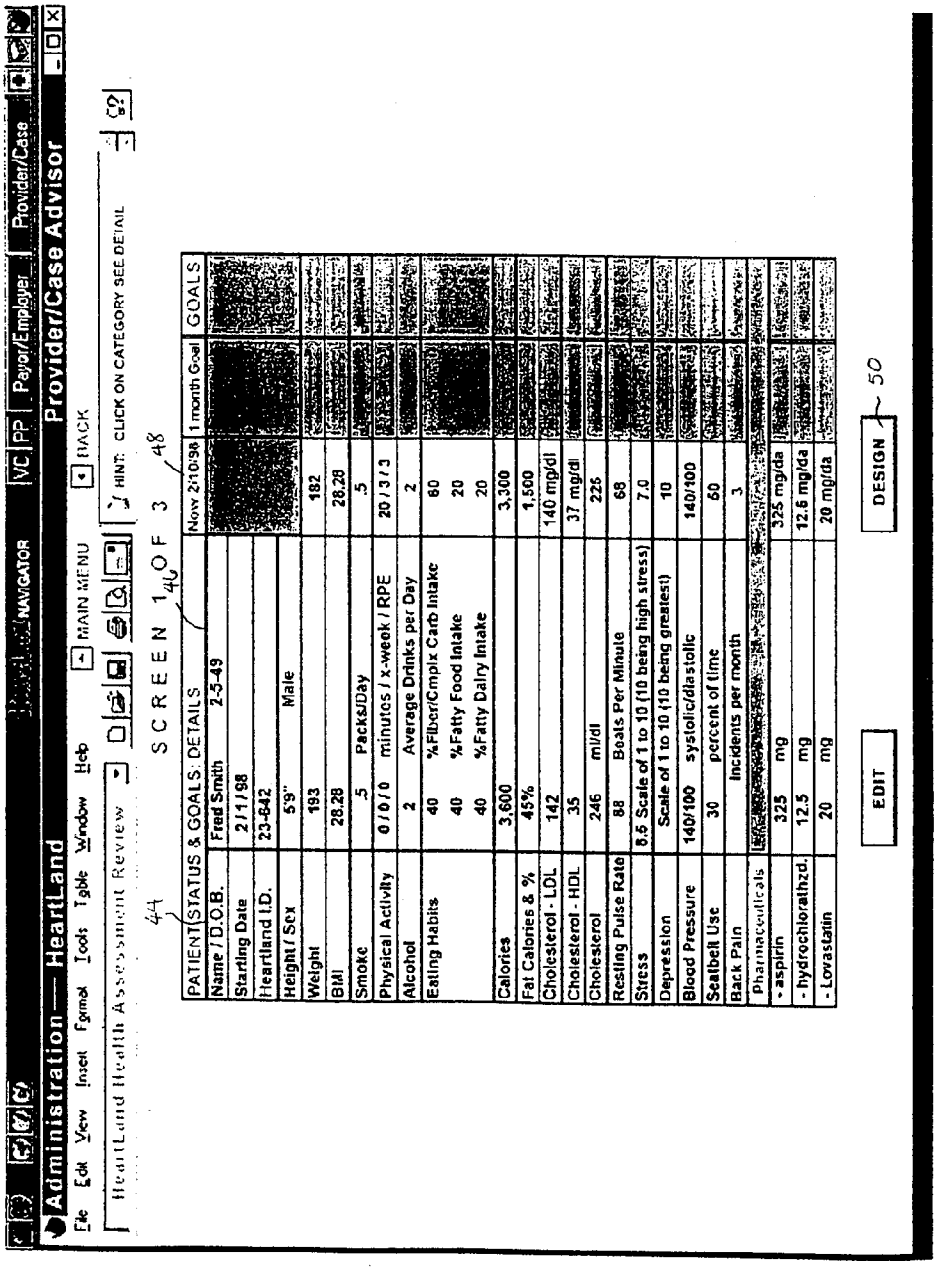
FAX THIS FORM TO SALUS MEDIA: (805) 969-3601

You will receive Fax confirmation within 24 Hours. For Assistance please call: (805) 969-2234

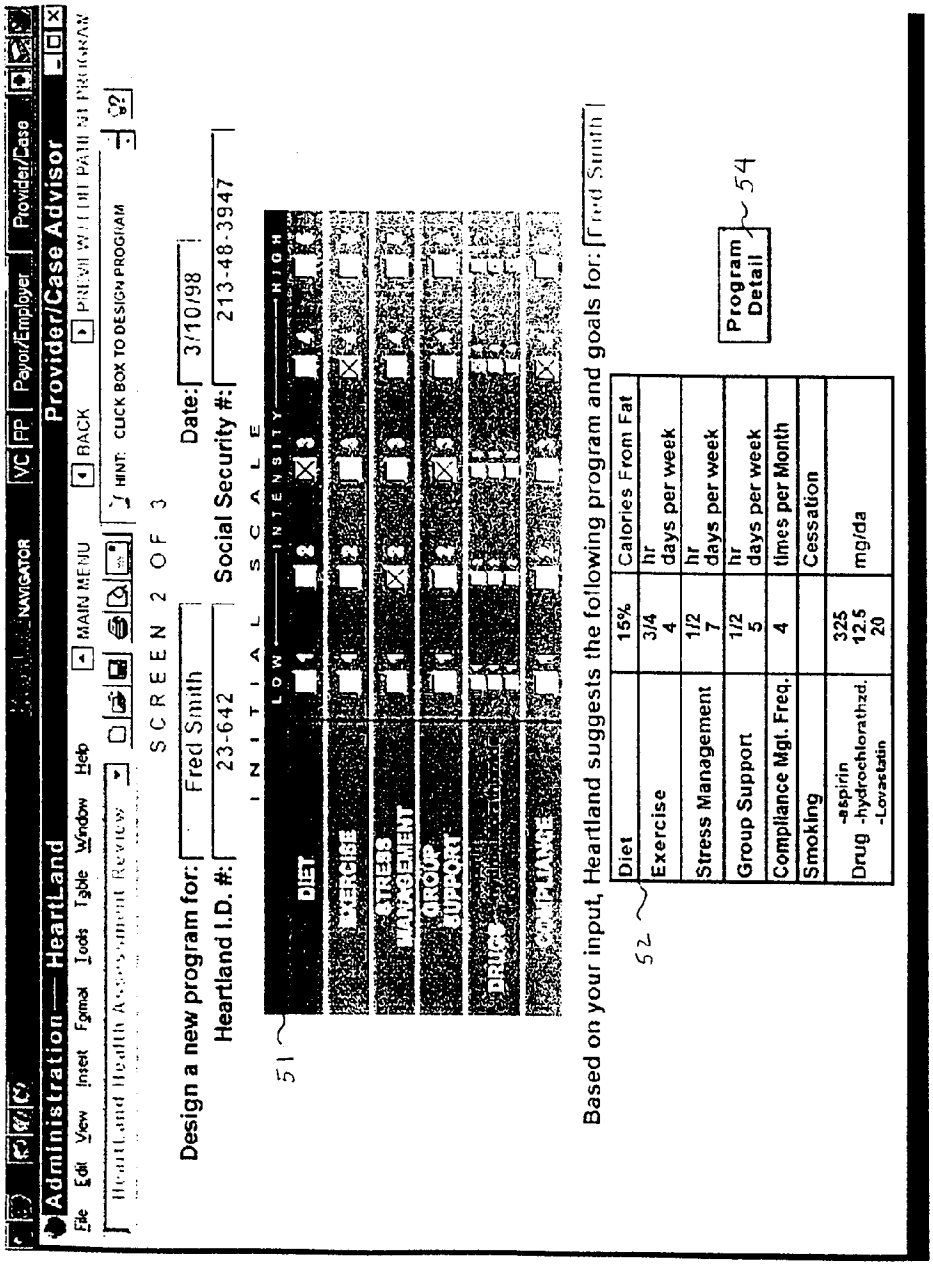
HeartLand 61 Fig 3



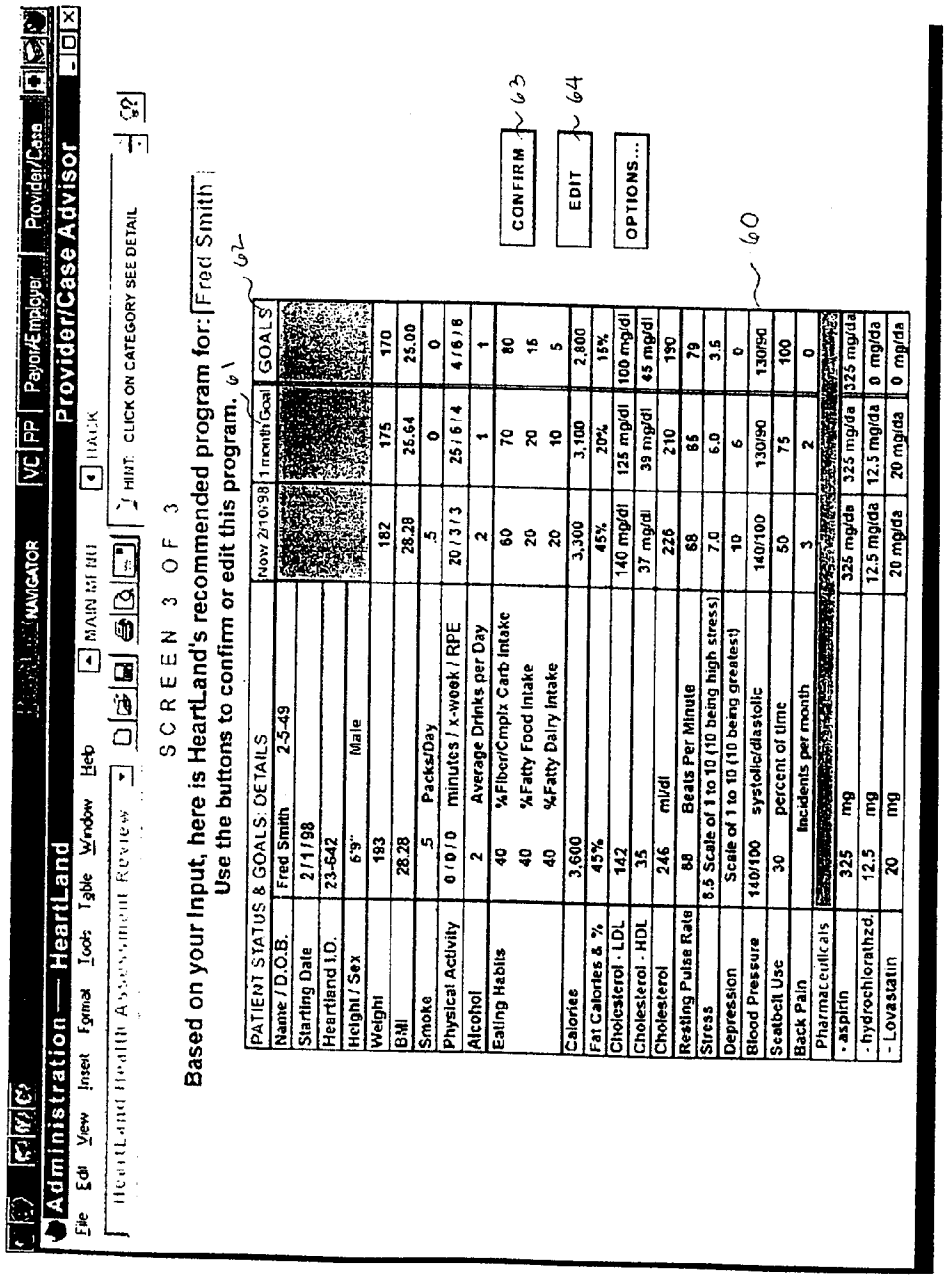
HeartLand 68 Fig 4



HeartLand 69 Fig 5



HeartLand 70 Fig 6



70 Fig 7

HeartLand Patient Progress Report

Date: April 2, 1997

Dear Doctor **Cavello**:

This is a status report on your patient, **Fred Smith**, SSN: **565-76-2334**, Plan No. **011-066754**

Your diagnosis was: **non-complicated anterior MI** and co-morbid diagnosis **none**,

Patient entered the HeartLand program on . **March 12, 1997**. He/she has been on the program 3 weeks.

Progress toward goals:

Parameter	Current Status (66)	Suggested Next steps (67)	Target (68)
Blood Pressure	146/92	144/90	140/90
Weight	172	170	170
Resting Pulse	67	65	65
Exercise Program	35 min/4x-wk/4 RPE	45 min/4x-wk/5 RPE	45 min/6x-wk/6 RPE
Total Cholesterol	210 mg/dl	200 mg/dl	190 mg/dl
LDL Cholesterol	125mg/dl	115mg/dl	100mg/dl
HDL Cholesterol	39mg/dl	42mg/dl	45mg/dl
Diet: Cal/day	3100	3000	2800
Sat Fat grams/day	20 g	15 g	10 g
Smoking Status	0 was:.5 pack/day	0	0
Aspirin	325 mg - missed 1/wk	325 mg - missed 0/wk	325 mg - missed 0/wk
HCTZ	12.5 mg. - missed 0/wk	1205 mg. - missed 0/wk	12.5 mg. - missed 0/wk
Lovastatin	20 mg. - missed 0/wk.	20 mg. - missed 0/wk.	20 mg. - missed 0/wk.
Other			
Other			
Other			

Please initial here to indicate you have reviewed this Status Report: _____

69 ~ Please initial here to indicate you agree with suggested next step targets: _____

Indicate any changes desired in Next Step Goals and Medications:

_____

_____

Physician's Signature: _____

Thank you,

Mary Quinn
HeartLand Case Advisor

FAX THIS FORM TO SALUS MEDIA: FAX NO. (805) 969-3601
You will receive Fax confirmation within 24 Hours. For Assistance please call (805) 969-2234

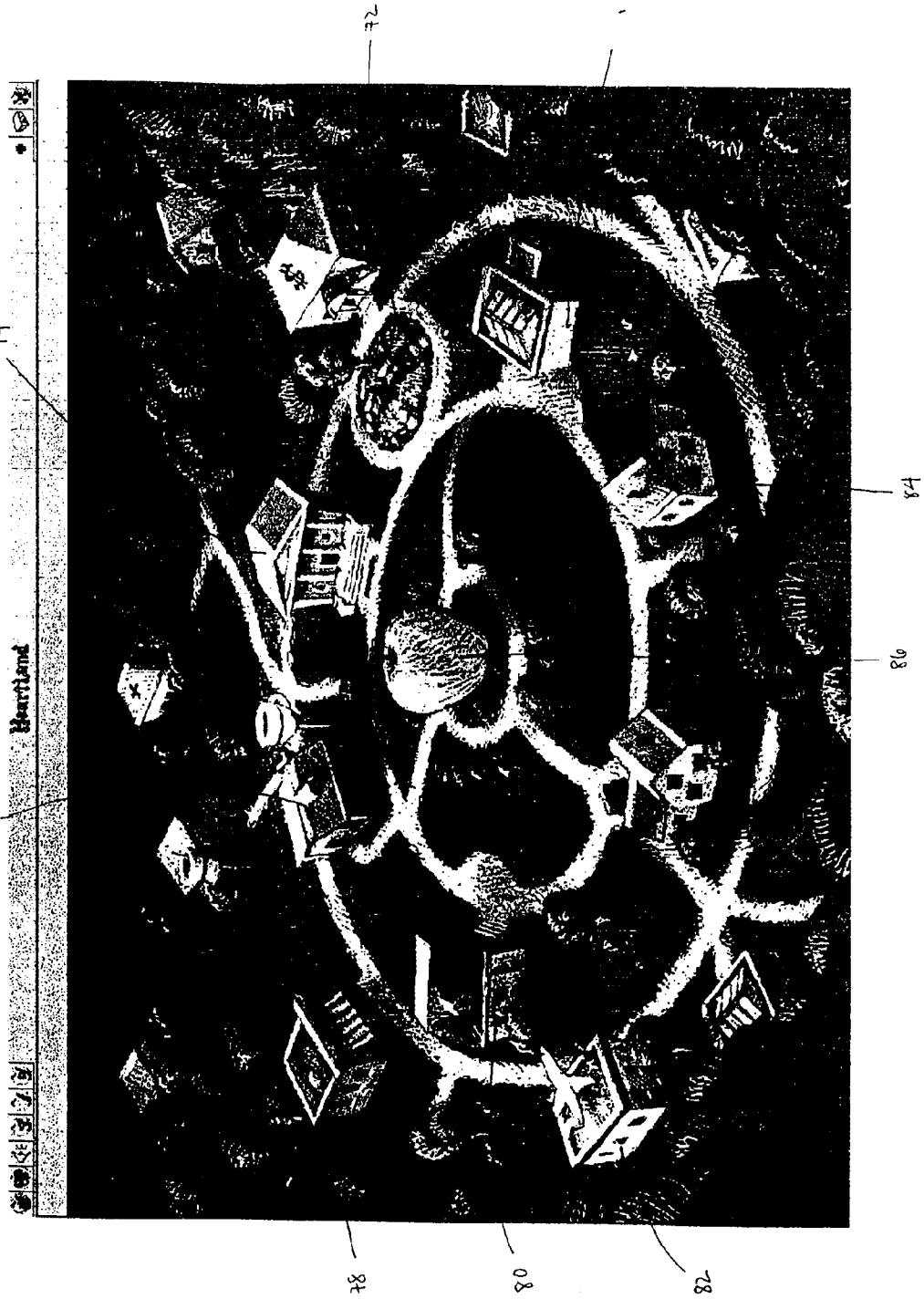


Fig 8

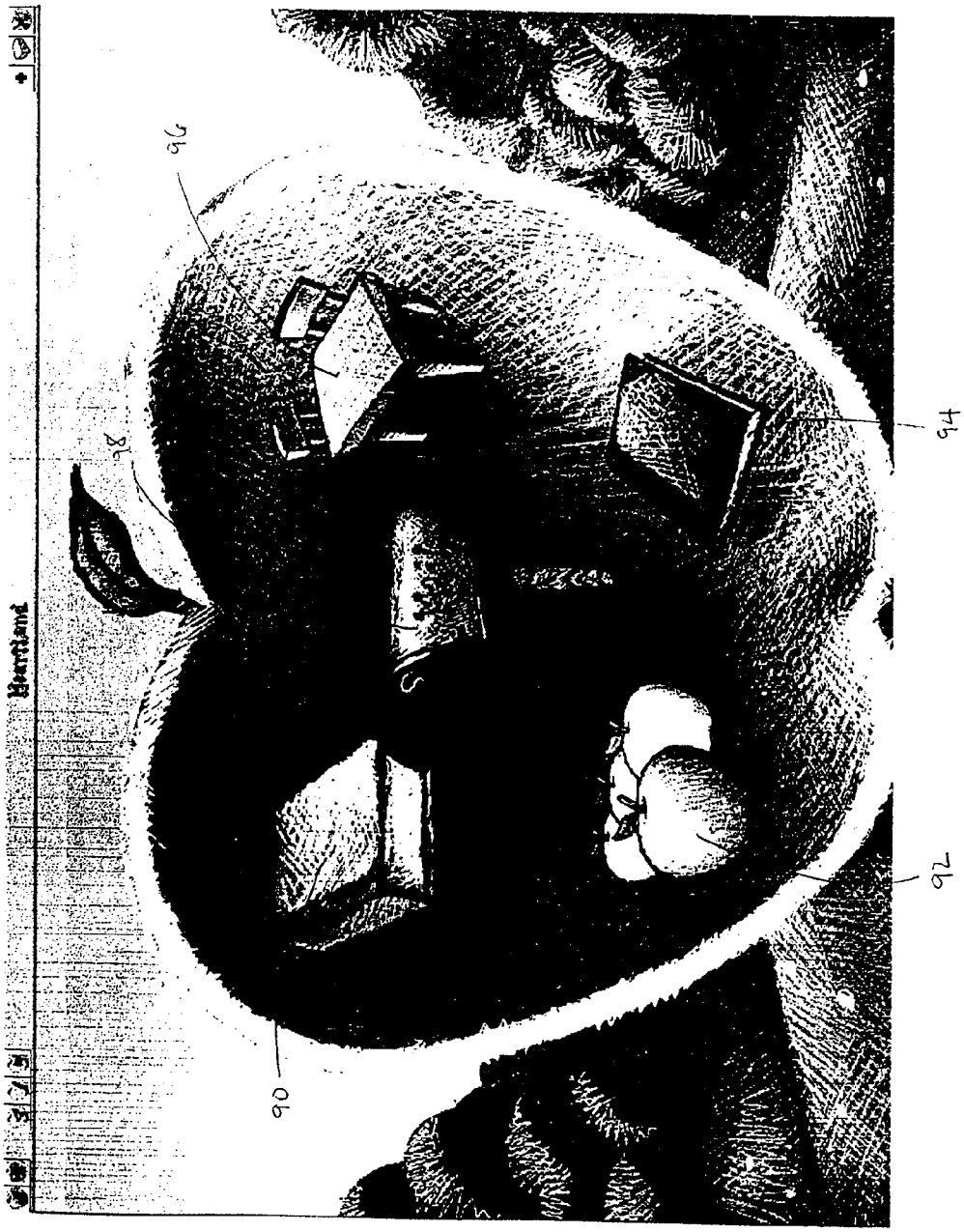


Fig 4

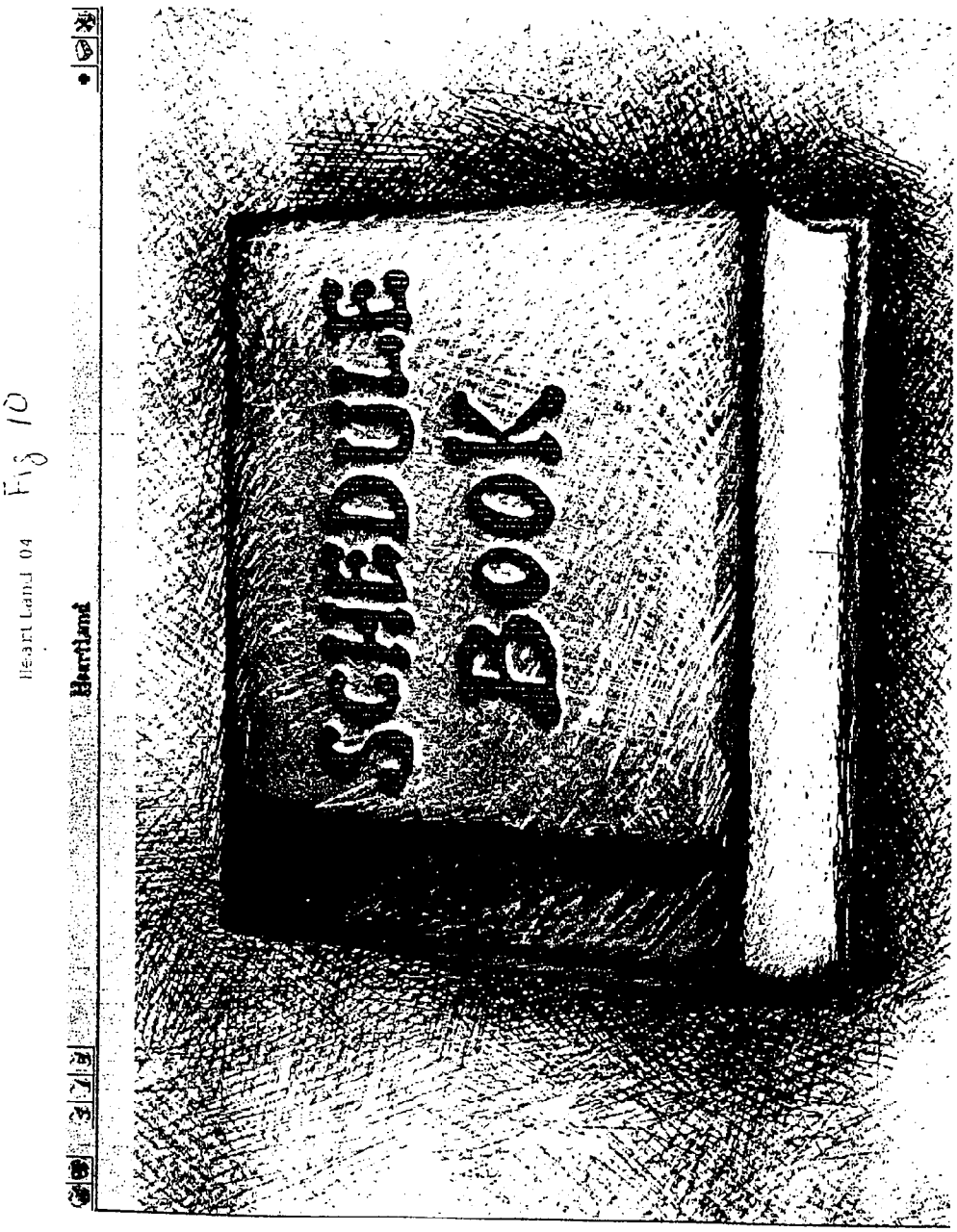


Fig 10

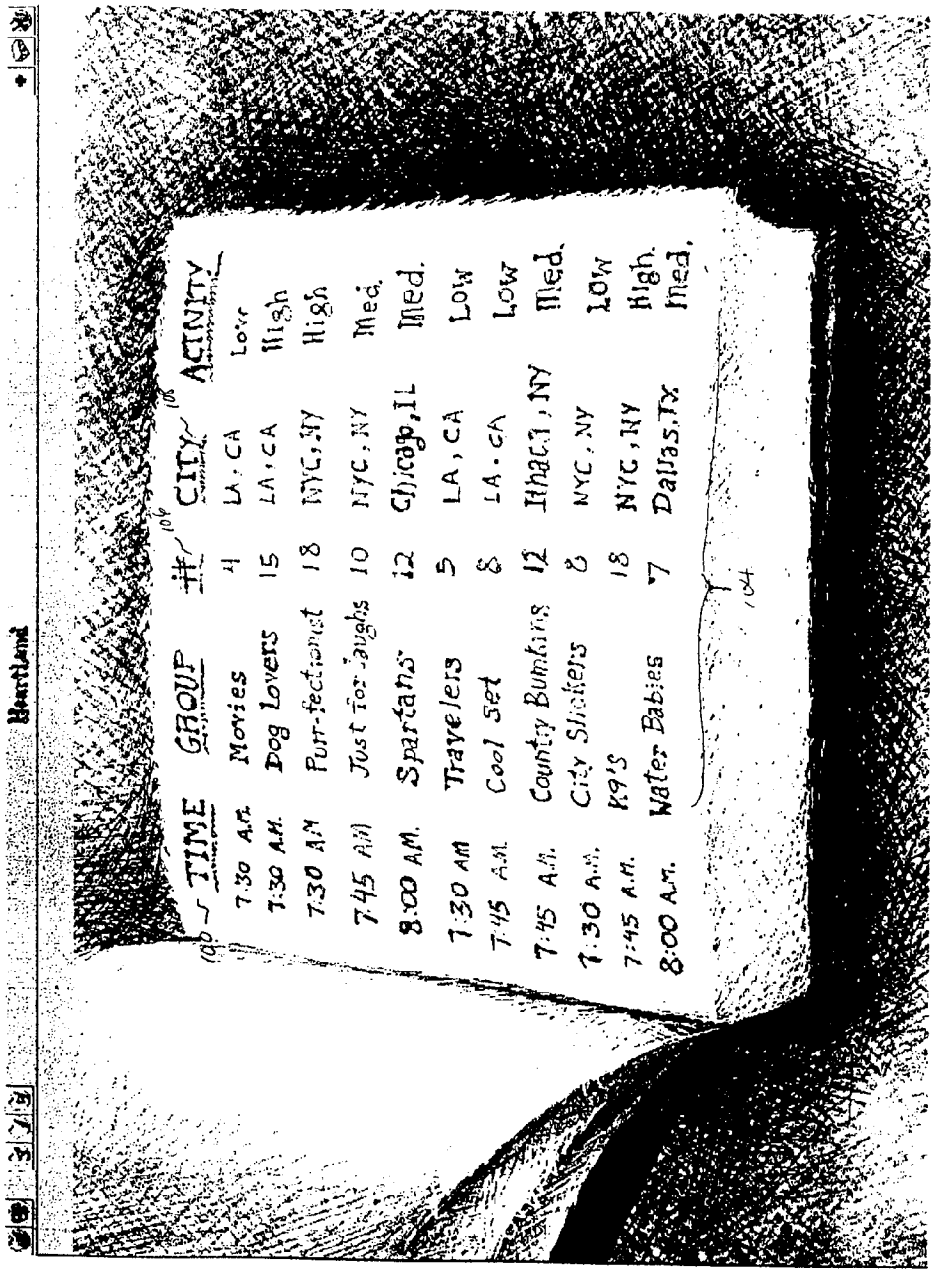

Heartland
HeartLand 05
TIME
GROUP
#
CITY
ACTIVITY
7:30 A.M. Movies 4 LA, CA Low
7:30 A.M. Dog Lovers 15 LA, CA High
7:30 AM Purr-fectionist 18 NYC, NY High
7:45 AM Just for Laughs 10 NYC, NY Med.
8:00 AM. Spartans 12 Chicgo, IL Med.
7:30 AM Travelers 5 LA, CA Low
7:45 A.M. Cool Set 8 LA, CA Low
7:45 A.M. Country Bumkins 12 Ithaca, NY Med.
7:30 A.M. City Slickers 8 NYC, NY Low
7:45 A.M. K9's 18 NYC, NY High
8:00 A.M. Water Babies 7 Dallas, Tx Med.

Fig 11

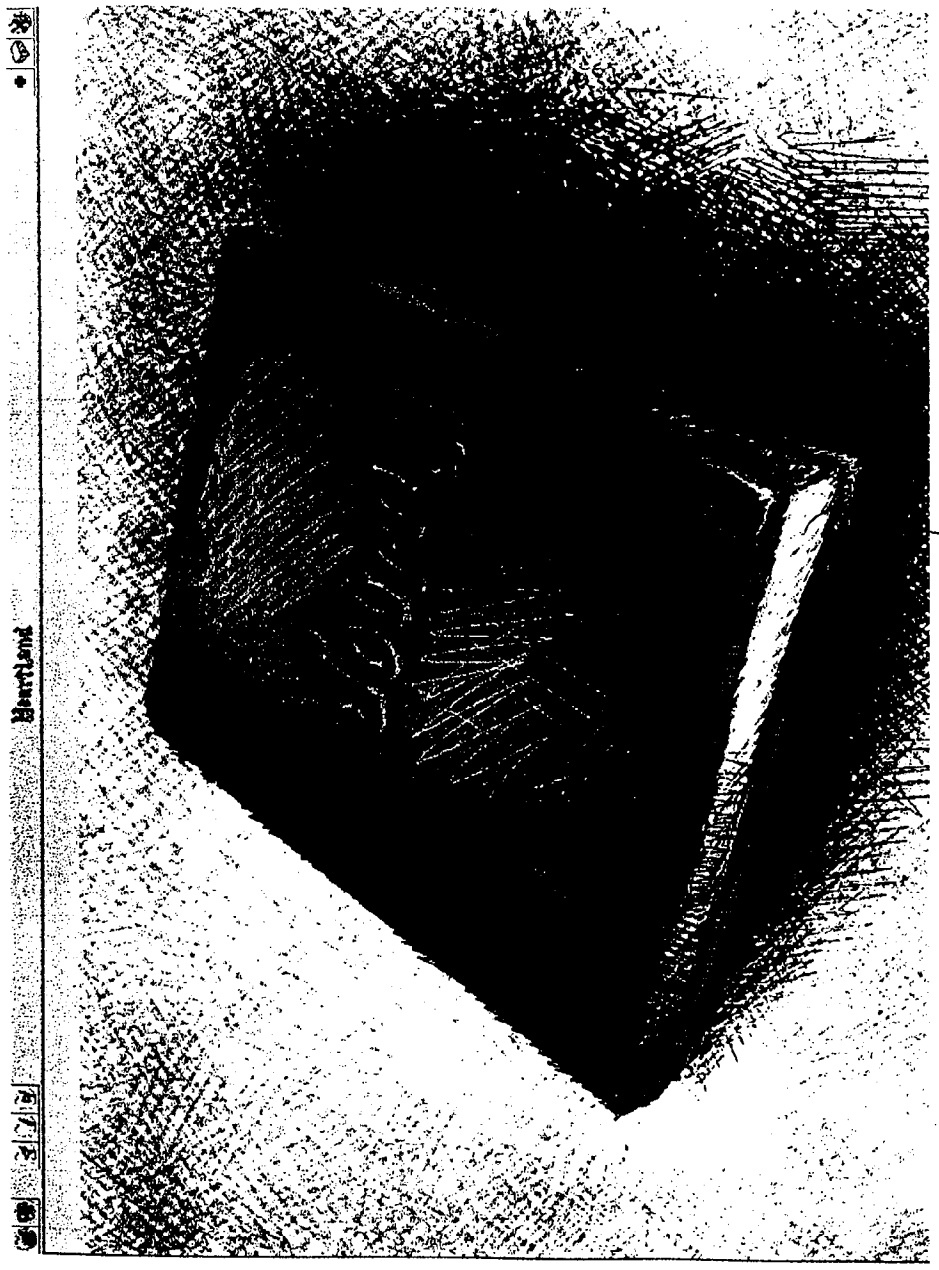


Fig 12

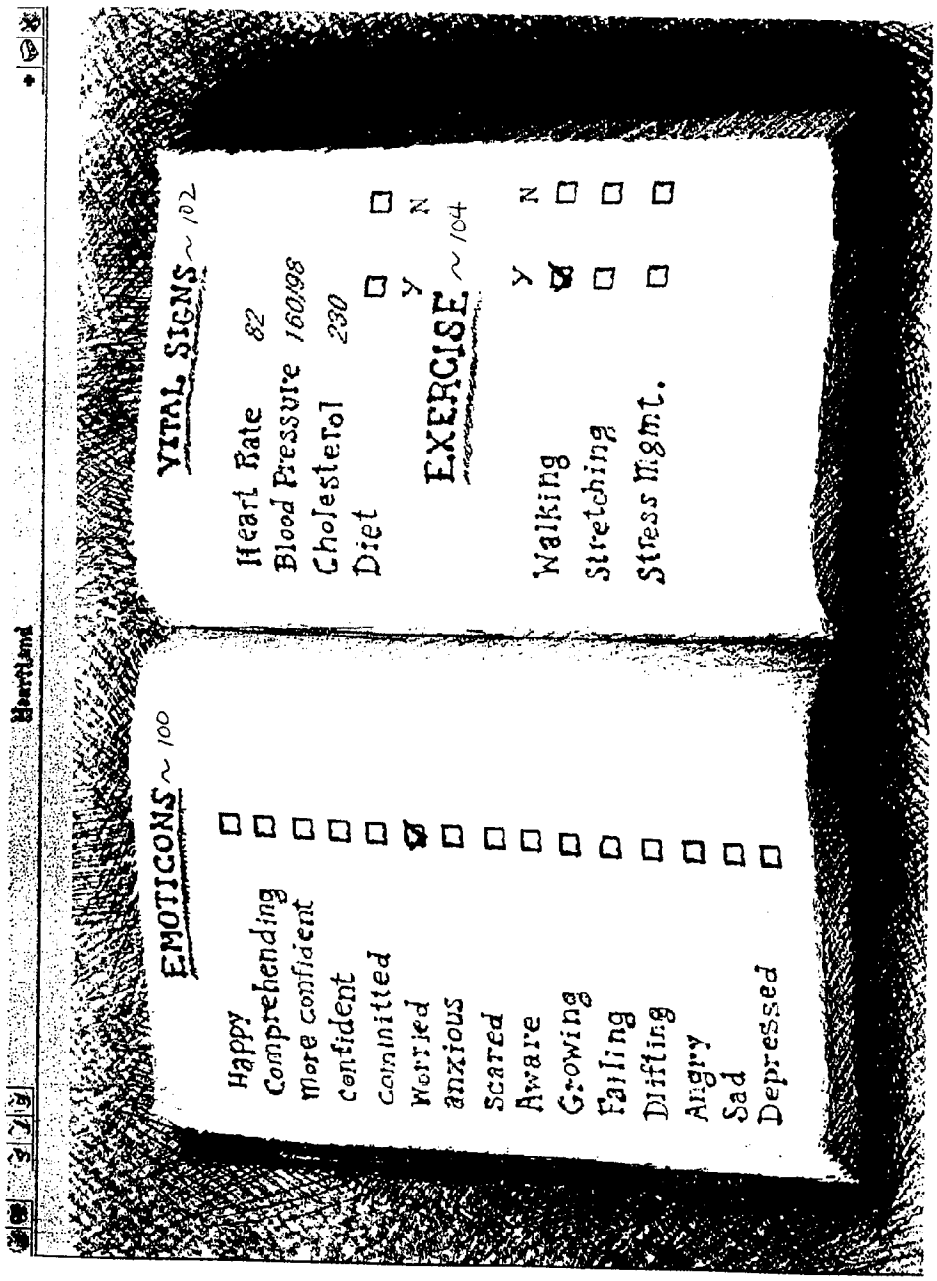
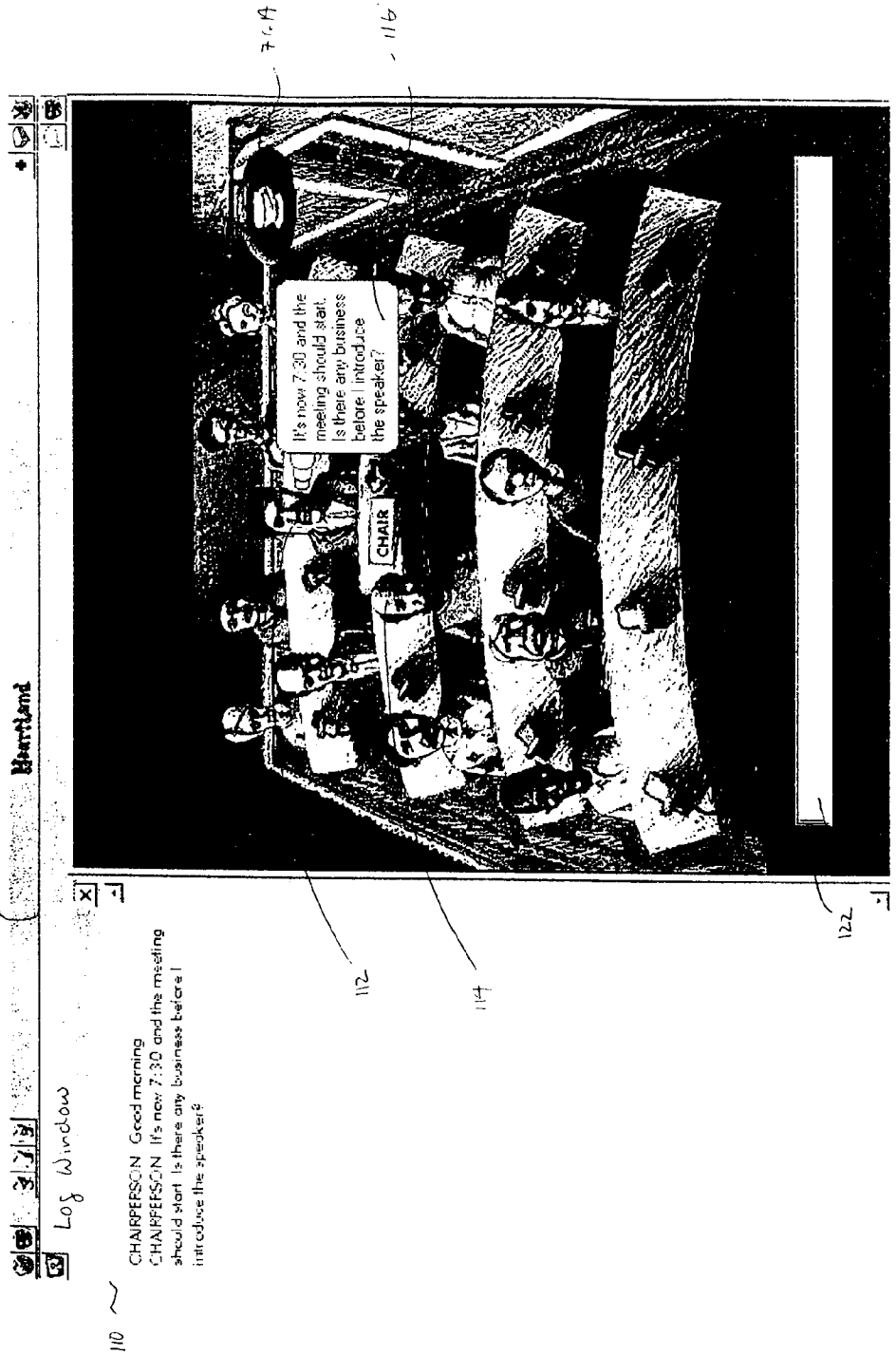
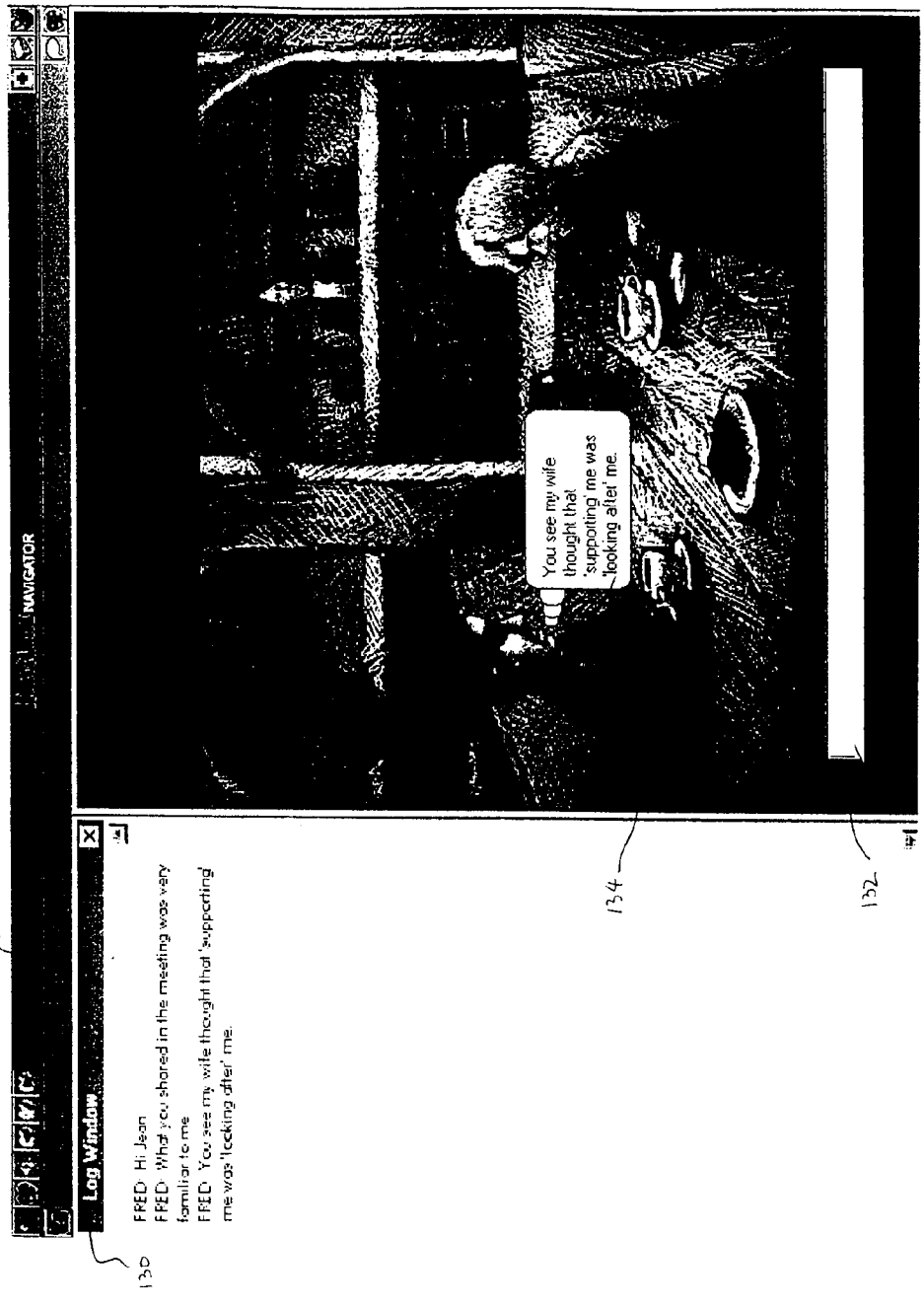

HeartLand 07
HeartLand
EMOTICONS ~ 100
Happy
Comprehending
More confident
confident
committed
Worried
anxious
Scared
Aware
Growing
Falling
Drifting
Angry
Sad
Depressed
VITAL SIGNS ~ 102
Heart Rate 82
Blood Pressure 160/98
Cholesterol 230
Diet
Y N
EXERCISE ~ 104
Y N
Walking
Stretching
Stress Mgmt.

Fig 13


Heartland
Log Window
CHAIRPERSON Good morning
CHAIRPERSON It's now 7:30 and the meeting should start Is there any business before I introduce the speaker?
CHAIR
It's now 7:30 and the meeting should start. Is there any business before I introduce the speaker?
96A
HeartLand 13
Fig 14
110
112
114
116
118
122



HeartLand 36 Fig 15

Fig 16

Heartland
mail service
FROM: Bill
DATE: 06-27-99
TIME: 9:00 am
Dear Martha,
You spoke about a book which had helped you in dealing with the problem of maintaining a diet while traveling. I am not able to find it in the Library or in the travel agents. Would you please send me the title and author?
I was distressed to hear that your dog is not well. I have had doggy friends all my adult life and know just how attached one becomes. I will say a little prayer for "Patches" tonight and hope that by tomorrow's meeting he is improved.
warmest regards
Bill

Fig 17

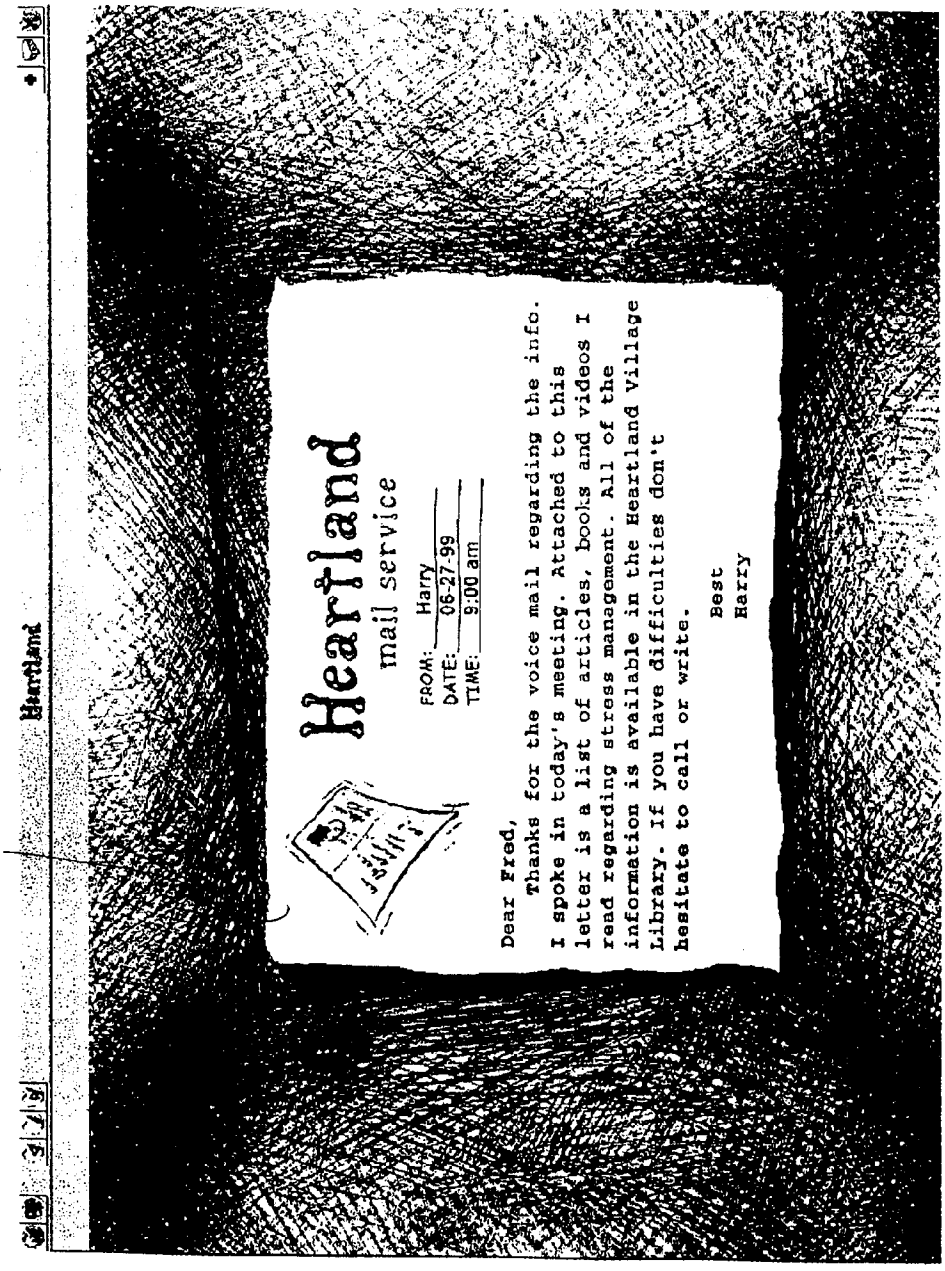
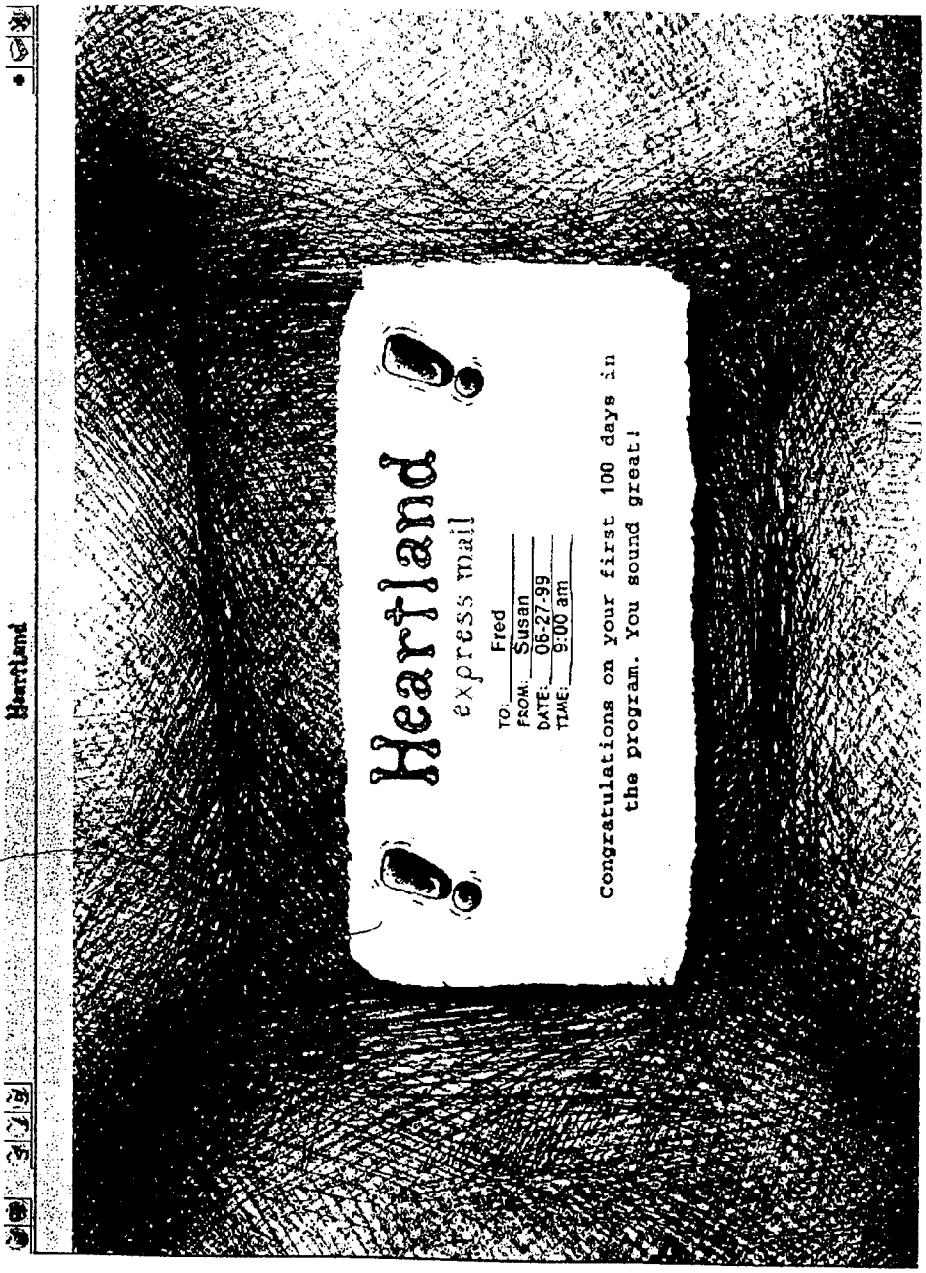

Heartland
mail service
FROM: Harry
DATE: 06-27-99
TIME: 9:00 am
Dear Fred,
Thanks for the voice mail regarding the info. I spoke in today's meeting. Attached to this letter is a list of articles, books and videos I read regarding stress management. All of the information is available in the Heartland Village Library. If you have difficulties don't hesitate to call or write.
Best
Harry

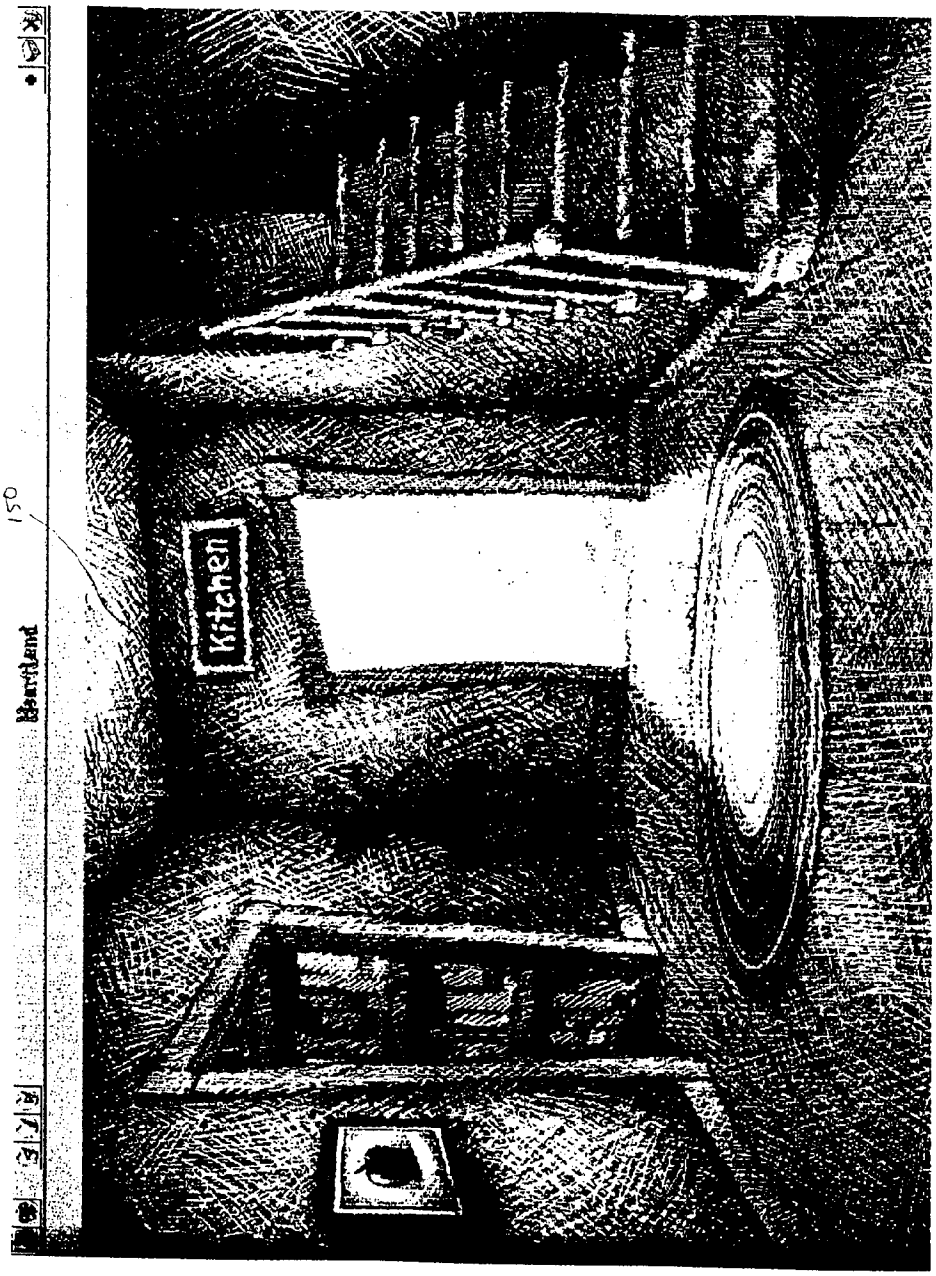
Fig 18


HeartLand
HeartLand
Heartland
express mail
TO: Fred
FROM: Susan
DATE: 06-27-99
TIME: 9:00 am
Congratulations on your first 100 days in
the program. You sound great!

144A

Fig 19

Heartland
Heartland
Heartland
a mail
TO: Fred
FROM: Susan
DATE: 06-27-99
TIME: 9:00 am
1464
Fig 20


Kitchen
HeartLand 23
Fig 21
150

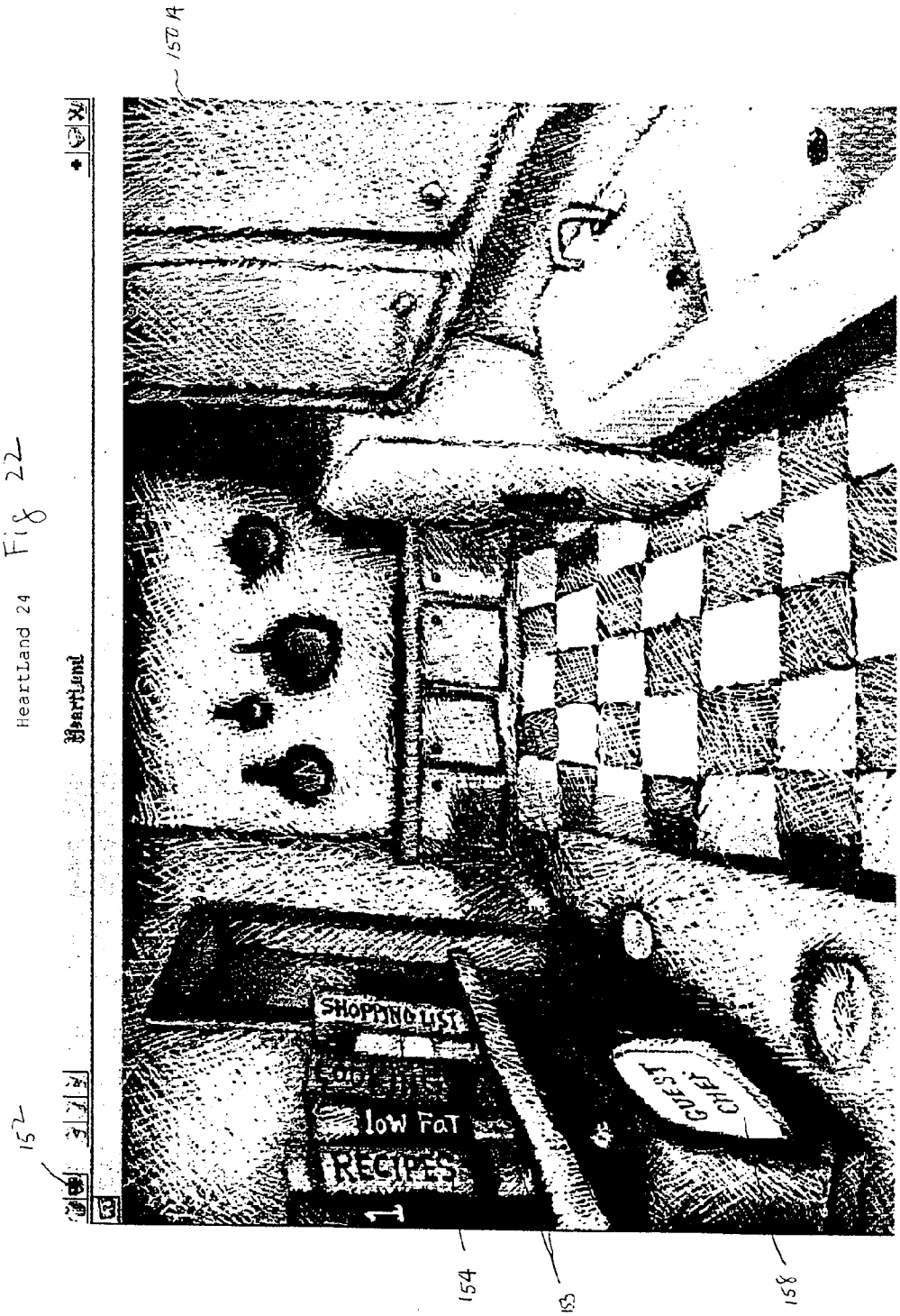
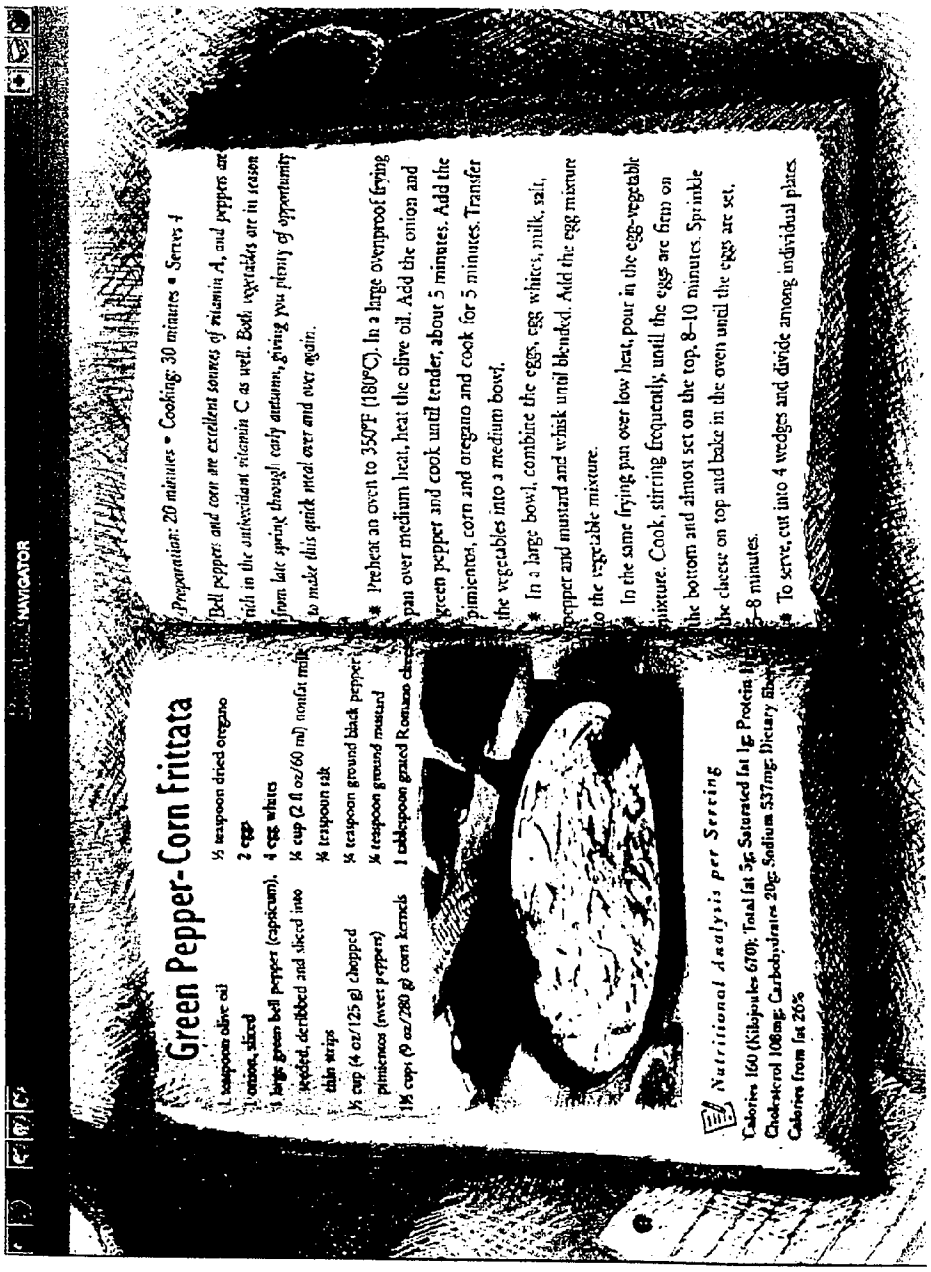
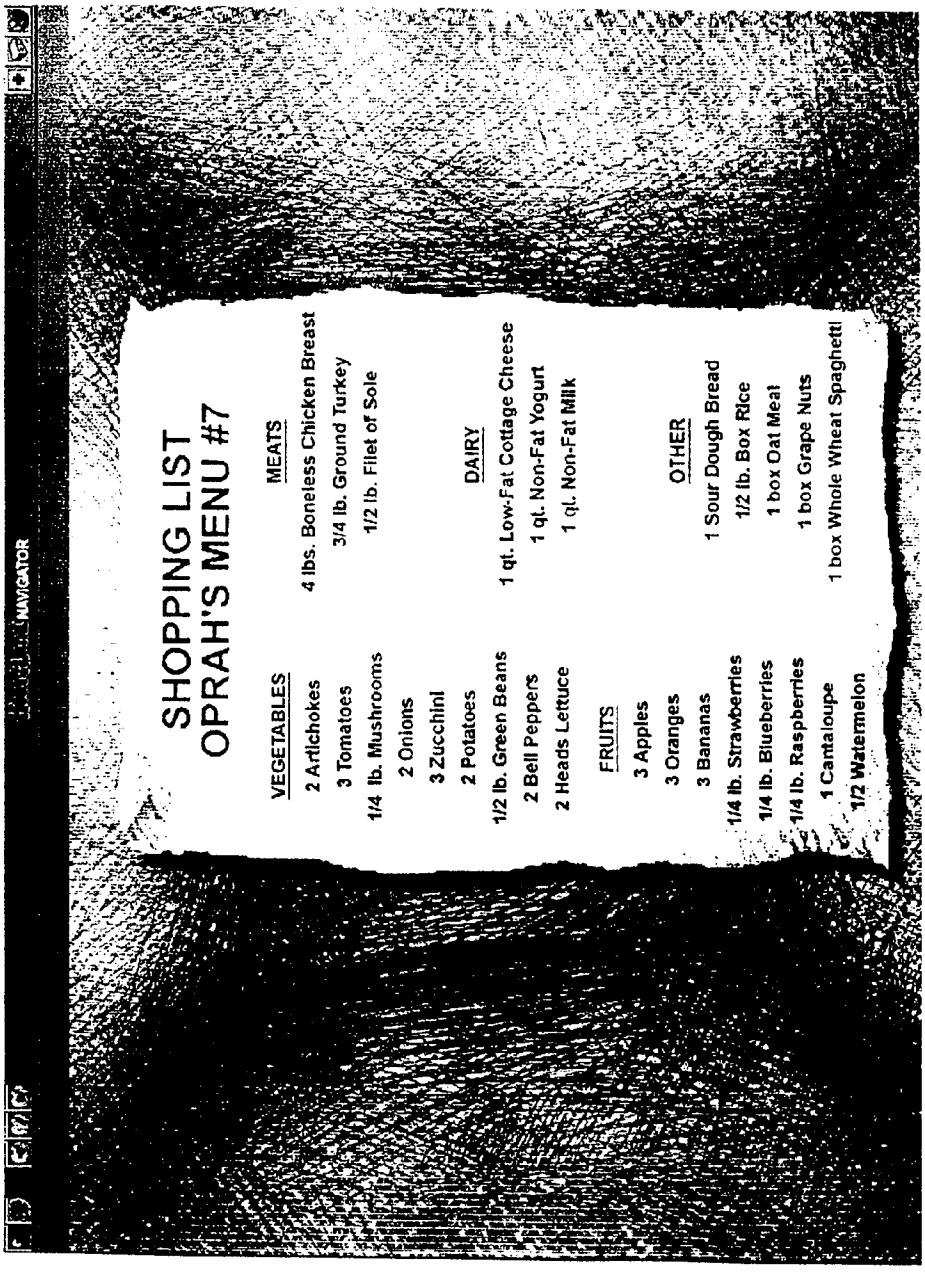

HeartLand 24
HeartLand
SHOPPING LIST
low FaT
RECIPES
GUEST CHEF
152
154
156
158

Fig 22

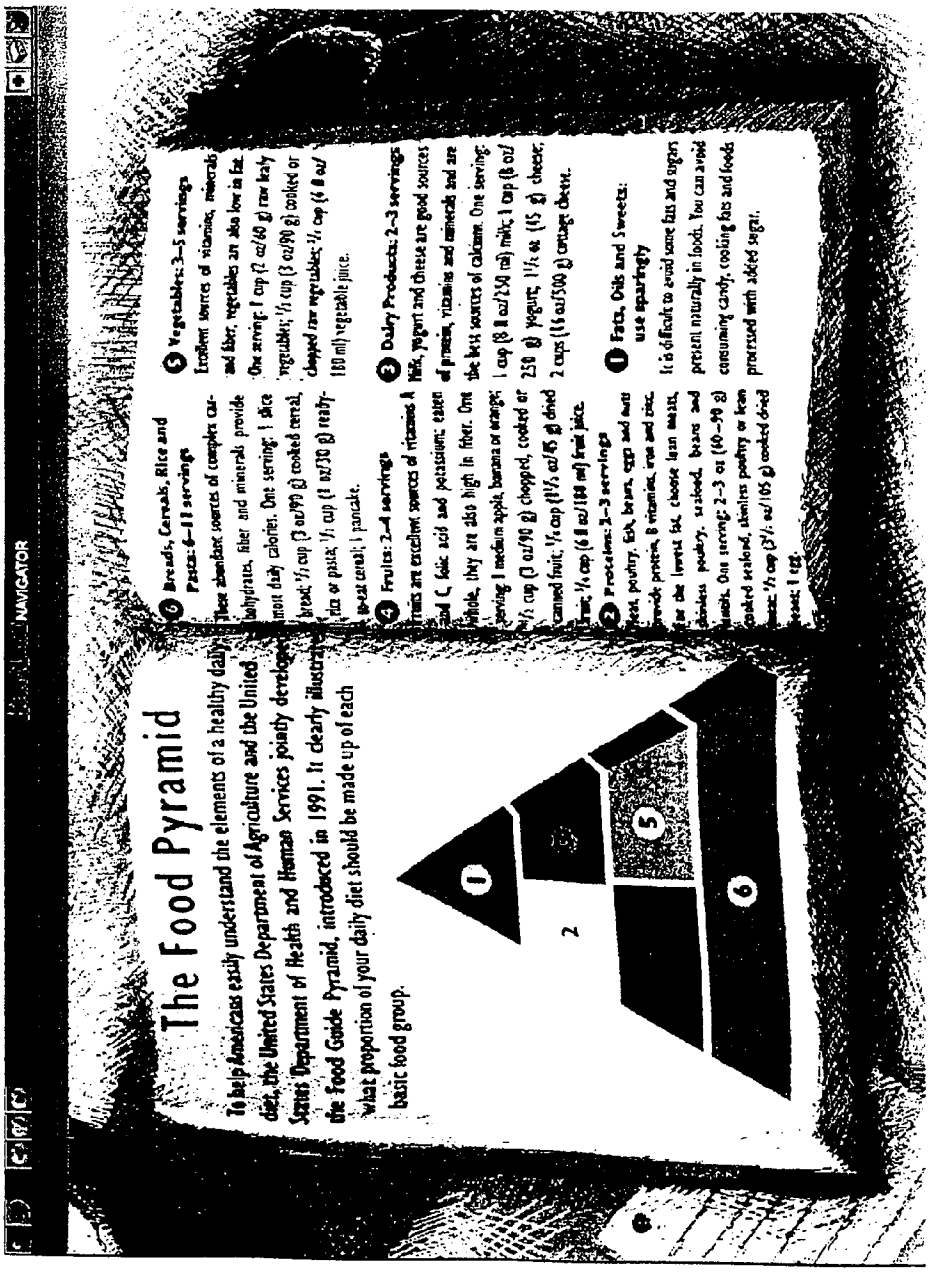
Heartland 25 Fig 23



Heartland 30 Fig 24



HeartLand 27 Fig 25



WALKING
STRETCHING
STRENGTH TRAINING
HeartLand - 4
HeartLand
160
162
164

Fig 26

HeartLand : 8
Fig 27
Heartland
INNER THIGH, QUADRICEPS, AND HIP MUSCLES
Hip muscles need to be stretched to help avoid low back pain.
Quadriceps Stretch
Bring foot back toward gluteals
Standing Lunge
Keep knee in line with toe
Butterfly
Lean forward gently

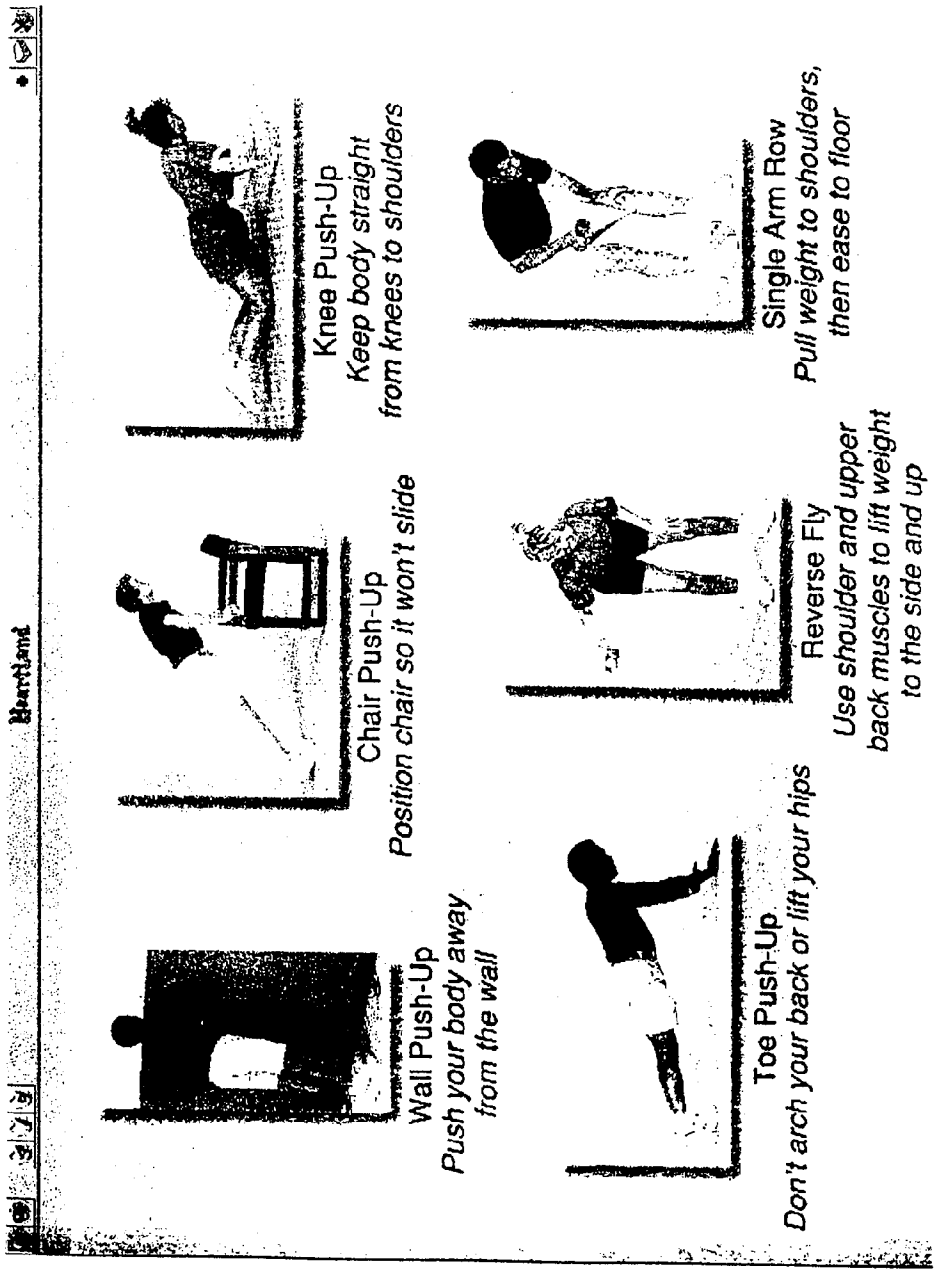

Heartland
Wall Push-Up
Push your body away from the wall
Chair Push-Up
Position chair so it won't slide
Knee Push-Up
Keep body straight from knees to shoulders
Toe Push-Up
Don't arch your back or lift your hips
Reverse Fly
Use shoulder and upper back muscles to lift weight to the side and up
Single Arm Row
Pull weight to shoulders, then ease to floor

Fig 28

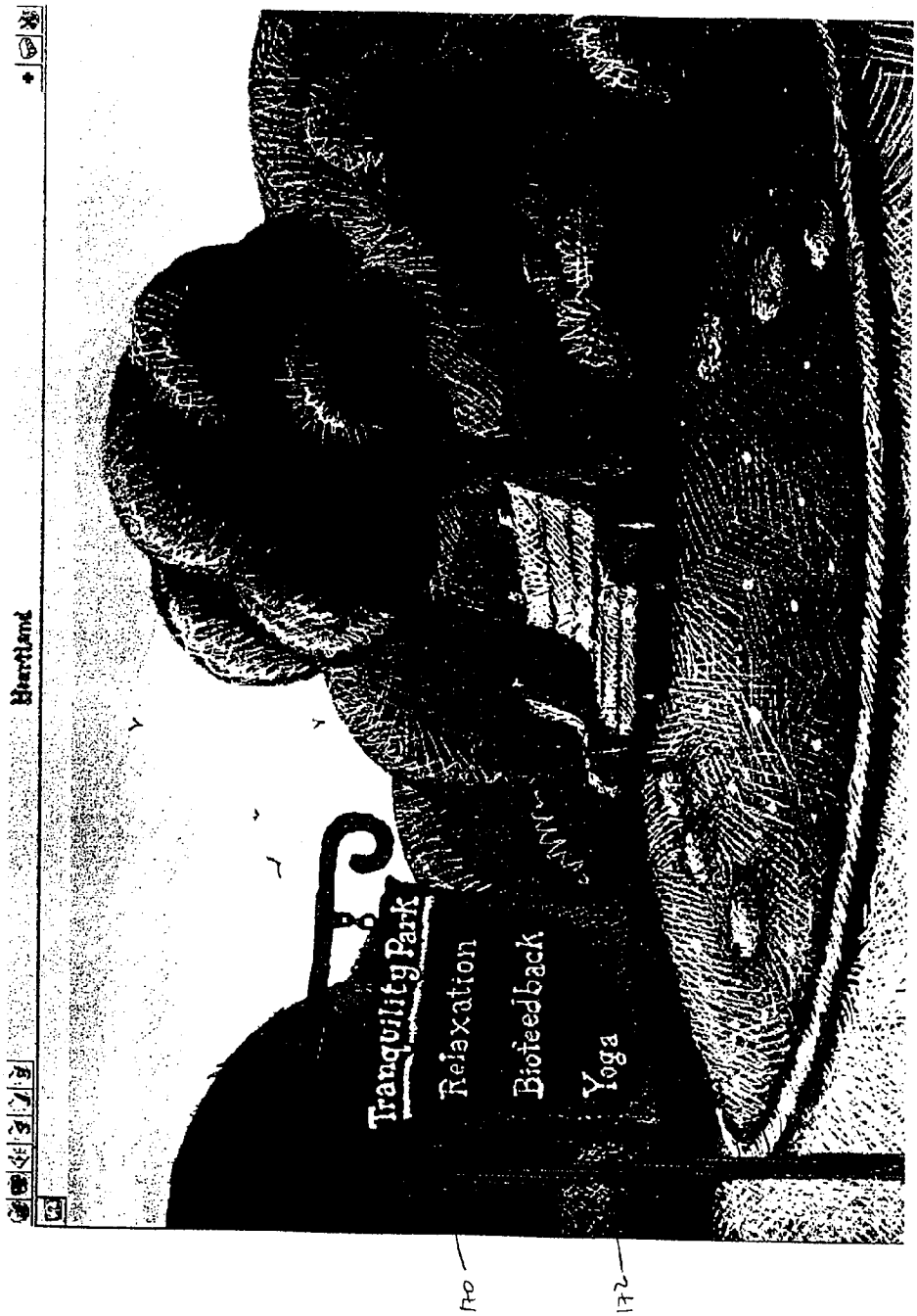

HeartLand 19
Heartland
Tranquility Park
Relaxation
Biofeedback
Yoga
170
172

Fig 29

HeartLand 21 Fig 30

HeartLand

Creating Your Sanctuary

One of the first things you should do when you start using creative visualization is to create a sanctuary within yourself where you can go anytime you want to. Your sanctuary is your ideal place of relaxation, tranquility, and safety and you can create it exactly as you want it.

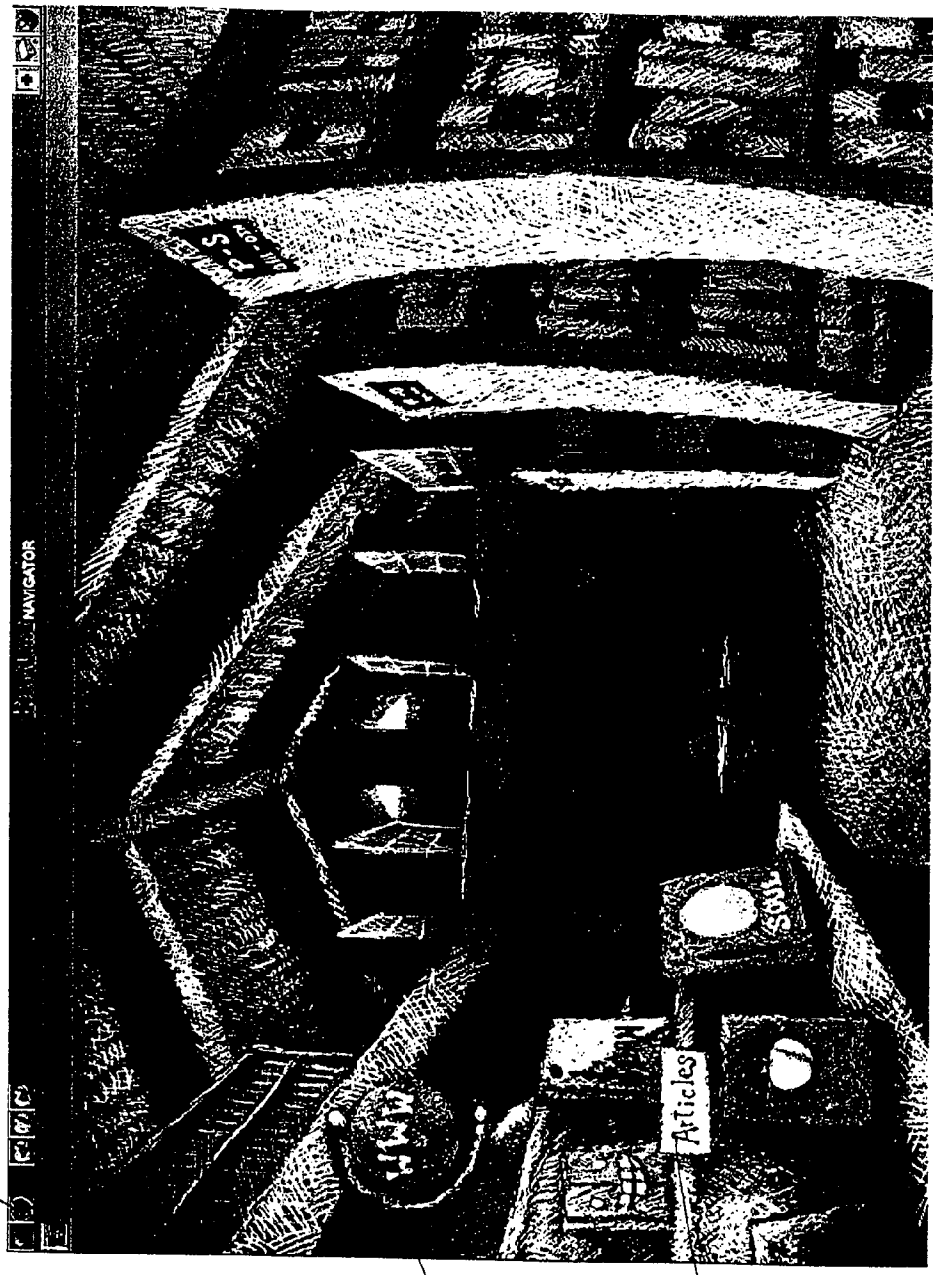
Close your eyes and relax in a comfortable position. Imagine yourself in some beautiful natural environment. It can be anyplace that appeals to you . . . in a meadow, on a mountaintop, in the forest, beside the sea. It could even be under the ocean, or on another planet. Wherever it is, it should feel comfortable, pleasant, and peaceful to you. Explore your environment, noticing the visual details, the sounds and smells, any particular feelings or impressions you get about it.

Now do anything you would like to do to make the place more homelike and comfortable. You might want to build some type of house or shelter there, perhaps just surround the whole area with a golden light of protection and safety, create and arrange things there for your convenience and enjoyment, or do a ritual to establish it as your special place.

From now on this is your own personal inner sanctuary, to which you can return anytime just by closing your eyes and desiring to be there. You will always find it healing and relaxing to be there. It is also a place of special power for you, and you may wish to go there every time you do creative visualization.

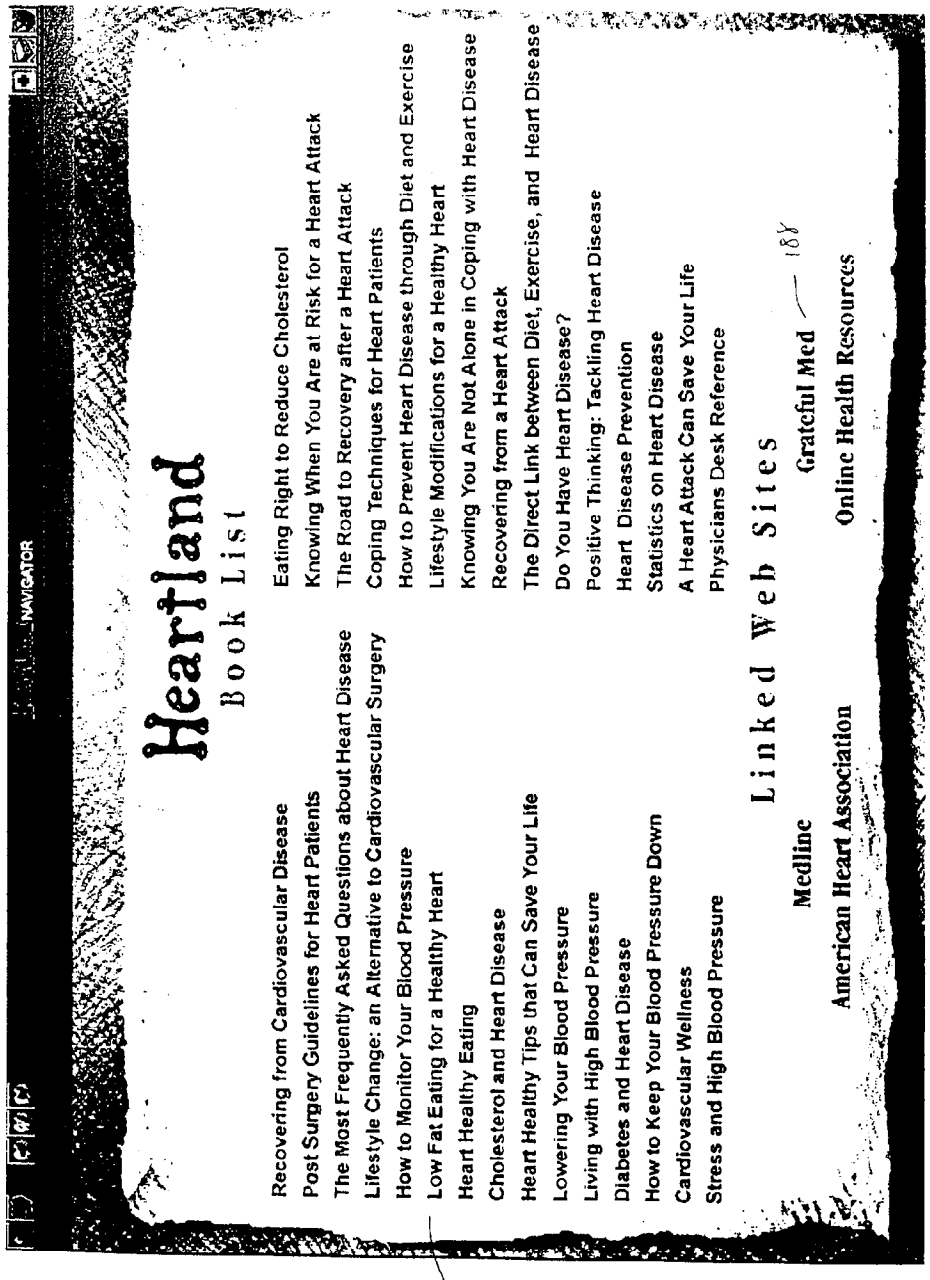
You may find that your sanctuary spontaneously changes from time to time, or that you want to make changes and additions to it. You can be very creative in your sanctuary and have a lot of fun there . . . just remember to retain the primary qualities of peacefulness, tranquility, and a feeling of absolute safety.

HeartLand 20
Fig 31
Heartland
Final Relaxation
Auto-suggestion
Face Squeeze every muscle in your face up tight, bringing it to a point around the nose. Now open the face wide, stretching your eyes open, and stick out your tongue as far as it will go. Relax.
Hands and arms Raise your right hand an inch off the floor. Make a fist, tense the arm, then let it drop. Repeat on the other side. Relax.
Feet and legs Lift your right foot just an inch off the floor. Tense the leg, hold, then let it drop. Repeat on the other side
Buttocks Clench your buttocks tightly together, lift the hips a little way off the floor and hold. Relax and drop them down.
Chest Tense and lift up the back and chest, keeping your hips and head on the floor. Relax and drop them down.
Head Tuck in your chin slightly and roll the head gently from side to side. Find a comfortable position in the centre for the head to lie, and then relax.
Shoulders Lift your shoulders and hunch them up tight around your neck. Let them drop, relaxed. Now pull each arm, in turn, down alongside the body, and relax.



HeartLand 32 Fig 32

HeartLand 33 Fig 33



HeartLand 34 Fig 34

NAVIGATOR

Today's Question: Which blood tests are indicated for assessment of the impotent patient? Answer!

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Sarojini S. Budden, MD, Oregon Health Sciences University in Portland
Also...Neoplasia & Smoking...PTSD & Infertility...Gyn Case Challenge...Genetic Link...

Primary

Recognizing and Treating Depression in the Elderly
Mark D. Miller, MD, University of Pittsburgh Medical Center

HeartLand 35 Fig 35

DETERMINING YOUR TARGET HEART RATE ZONE

1. Take your pulse on your neck or wrist.

2. Subtract your age from 220.

	220
	-40 Sample Age
Maximum heart rate	180

3. Multiply maximum heart rate by .55

	x.55
Lower heart rate limit	99

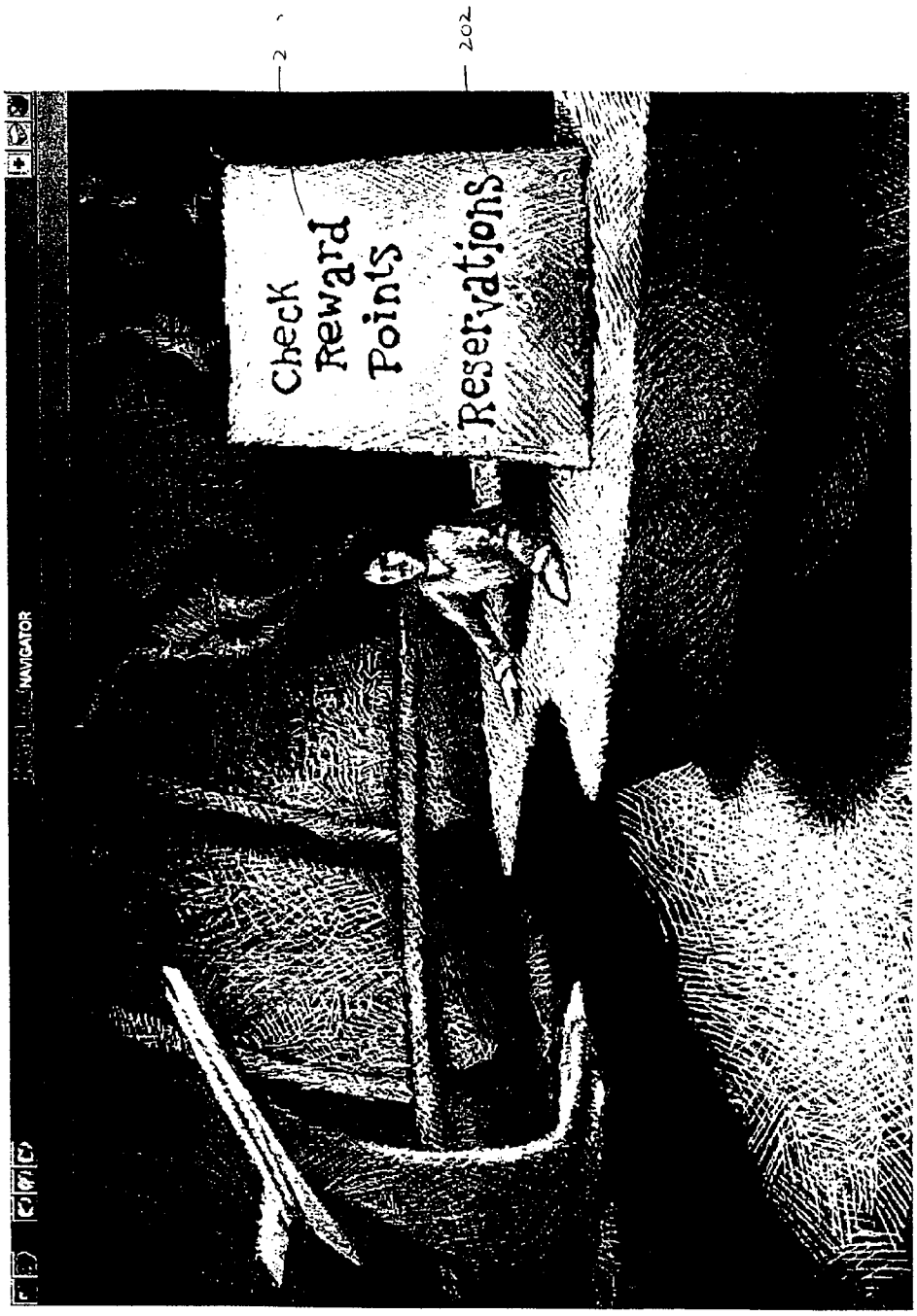
4. Multiply maximum heart rate by .85

	180
	x.85
Upper heart rate limit	153

5. Your target heart rate zone is definined by lower and upper heart rate limits.

TO SEE IF YOU ARE IN YOUR TARGET HEART RATE ZONE

Take your pulse for :10 seconds
and multiply that number by six.
This should be in your
Target Heart Rate Zone.



HeartLand 47 Fig 36

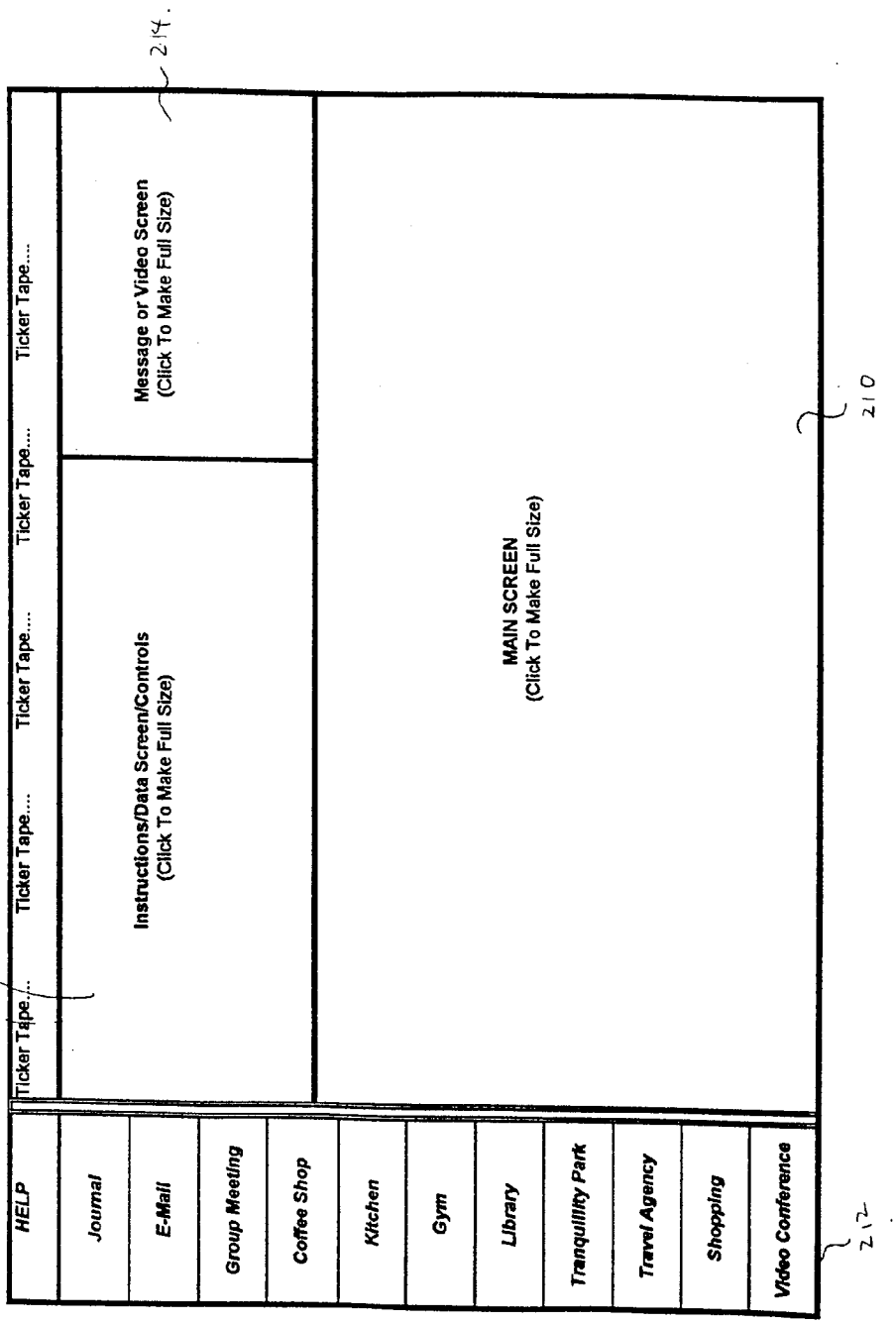
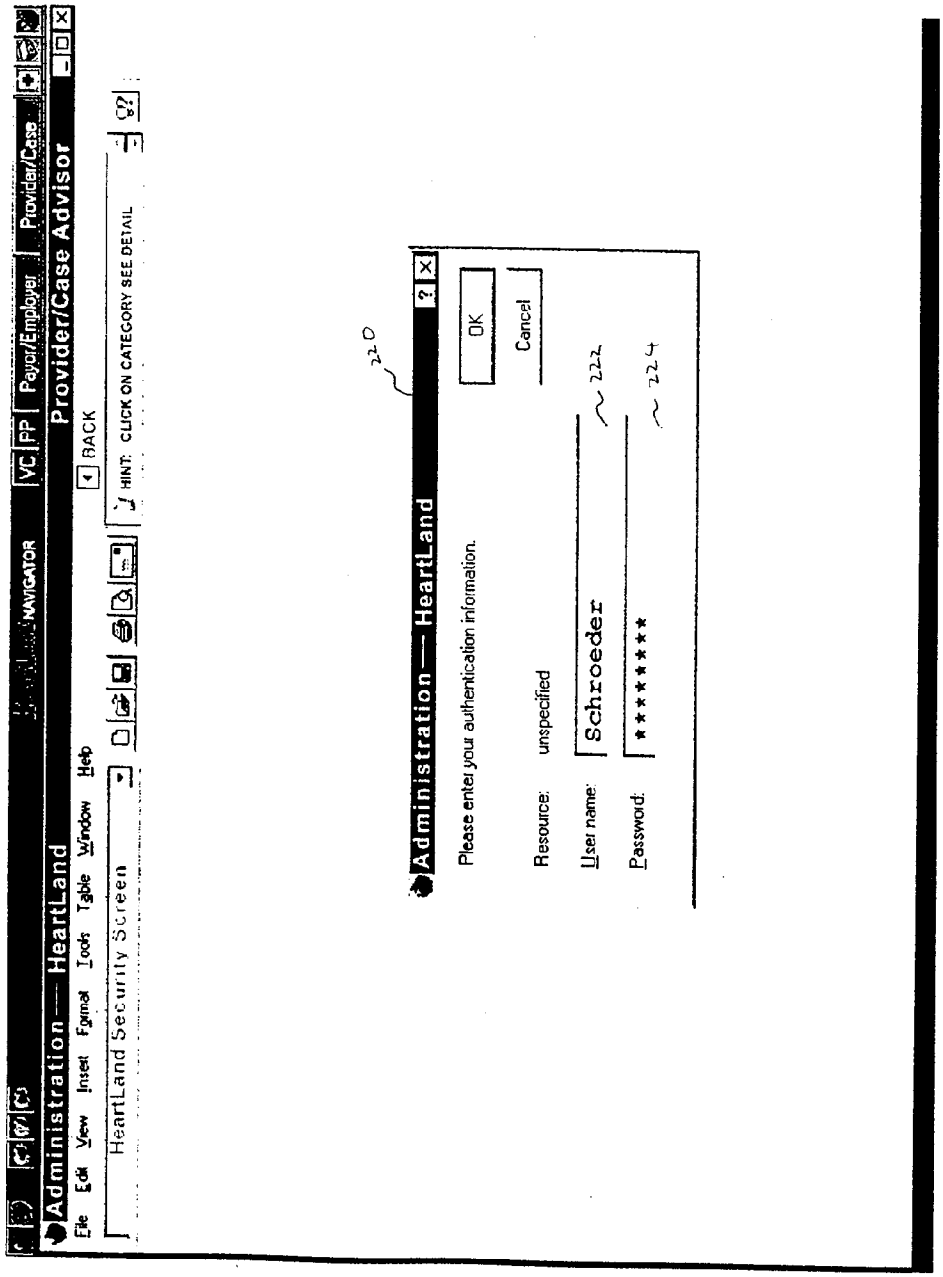
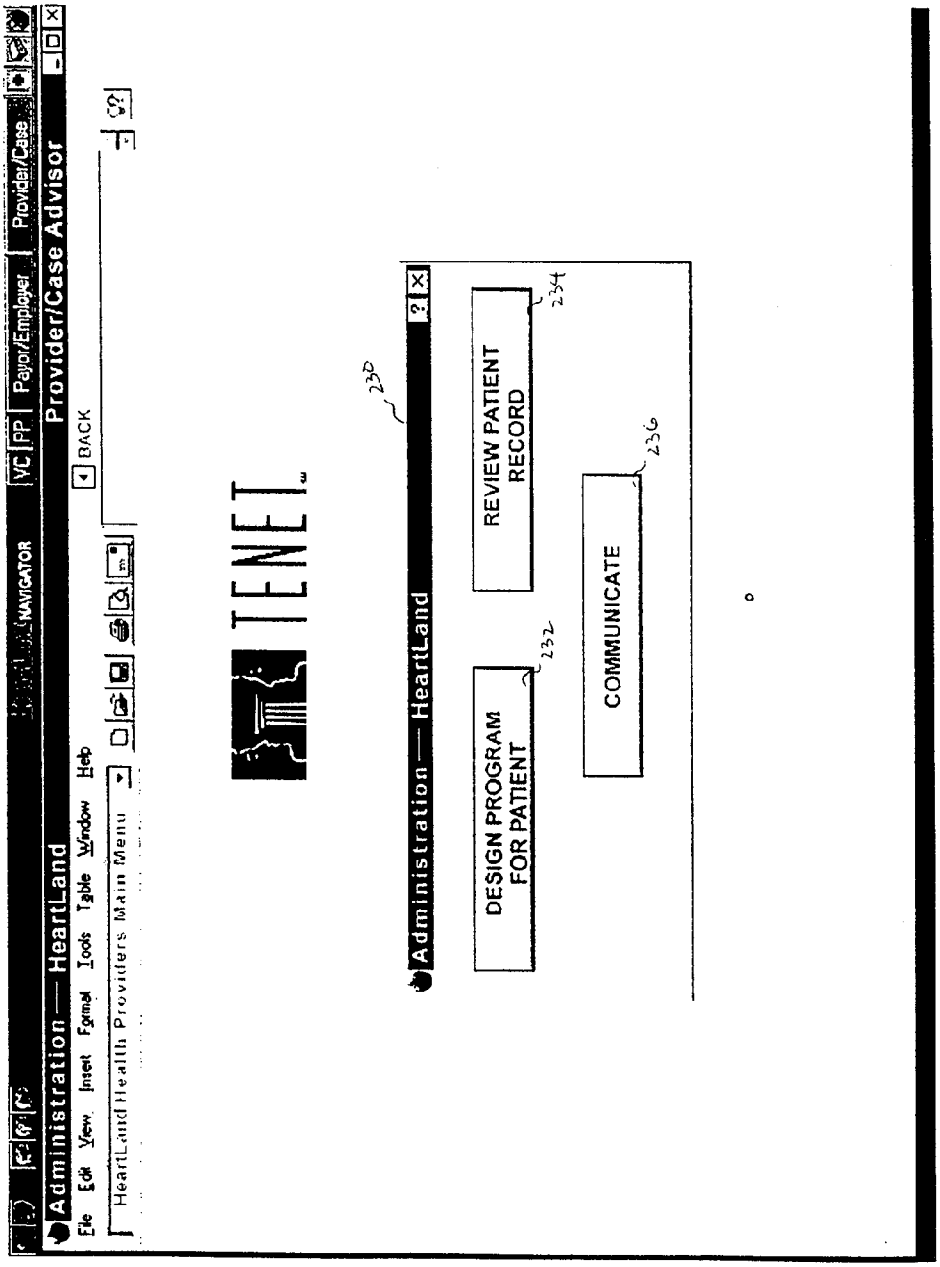

HELP
Journal
E-Mail
Group Meeting
Coffee Shop
Kitchen
Gym
Library
Tranquility Park
Travel Agency
Shopping
Video Conference
Ticker Tape...
Ticker Tape....
Ticker Tape....
Ticker Tape....
Instructions/Data Screen/Controls
(Click To Make Full Size)
Message or Video Screen
(Click To Make Full Size)
MAIN SCREEN
(Click To Make Full Size)
216
214
210
212

Fig 37

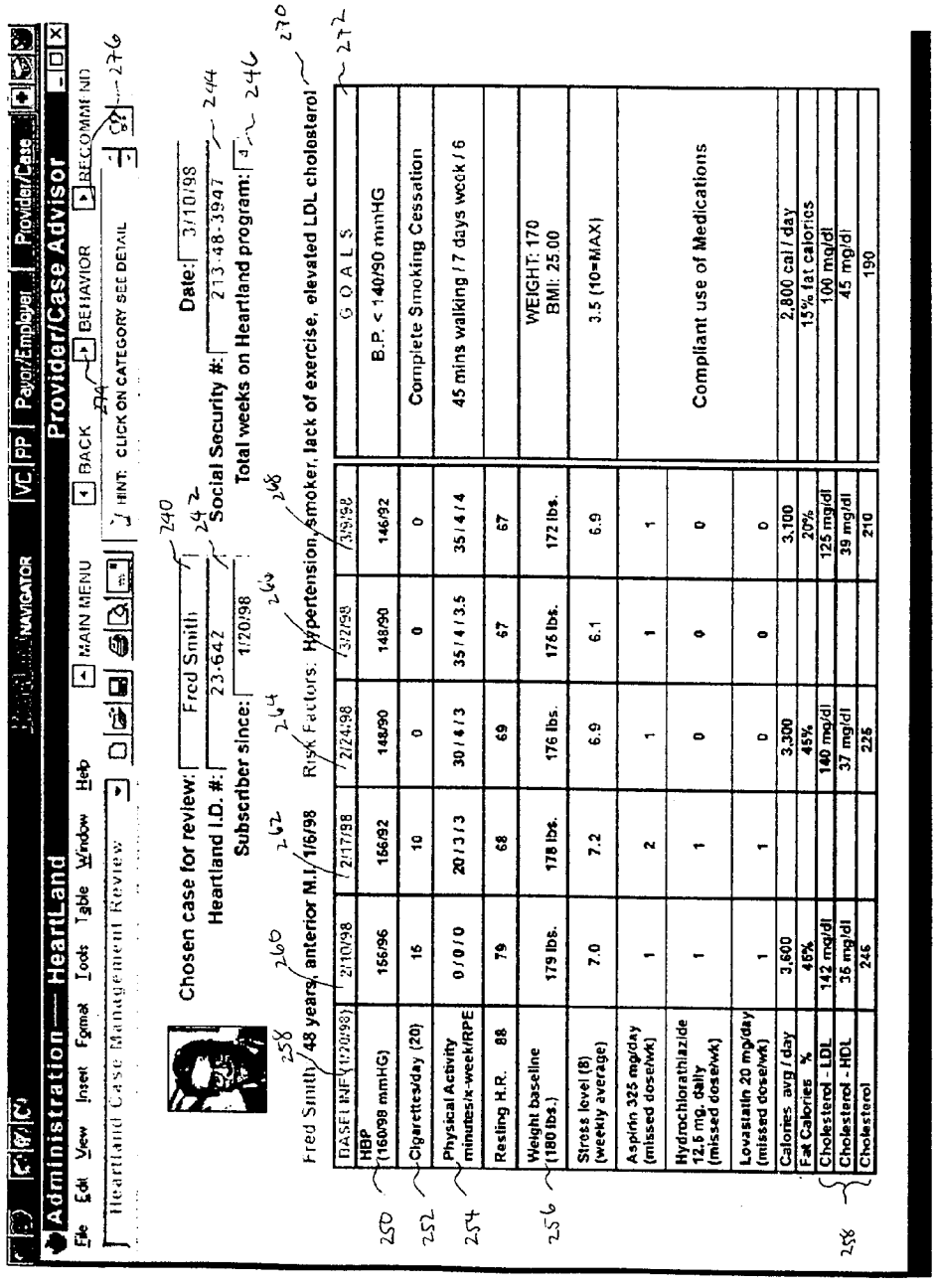
HeartLand 66 Fig 38



HeartLand 79 Fig 39



HeartLand 72 Fig 40



HeartLand 75 Fig 41

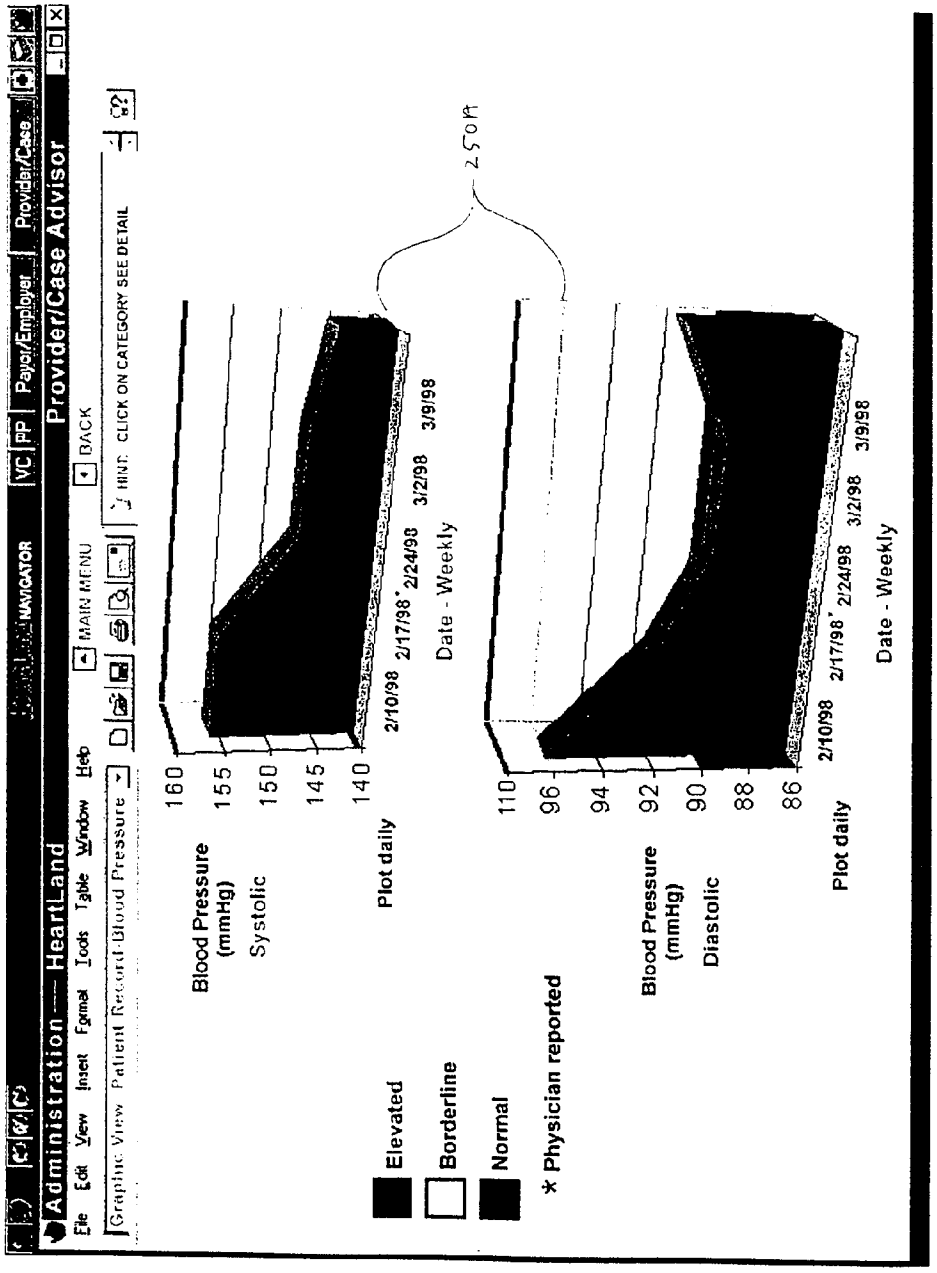
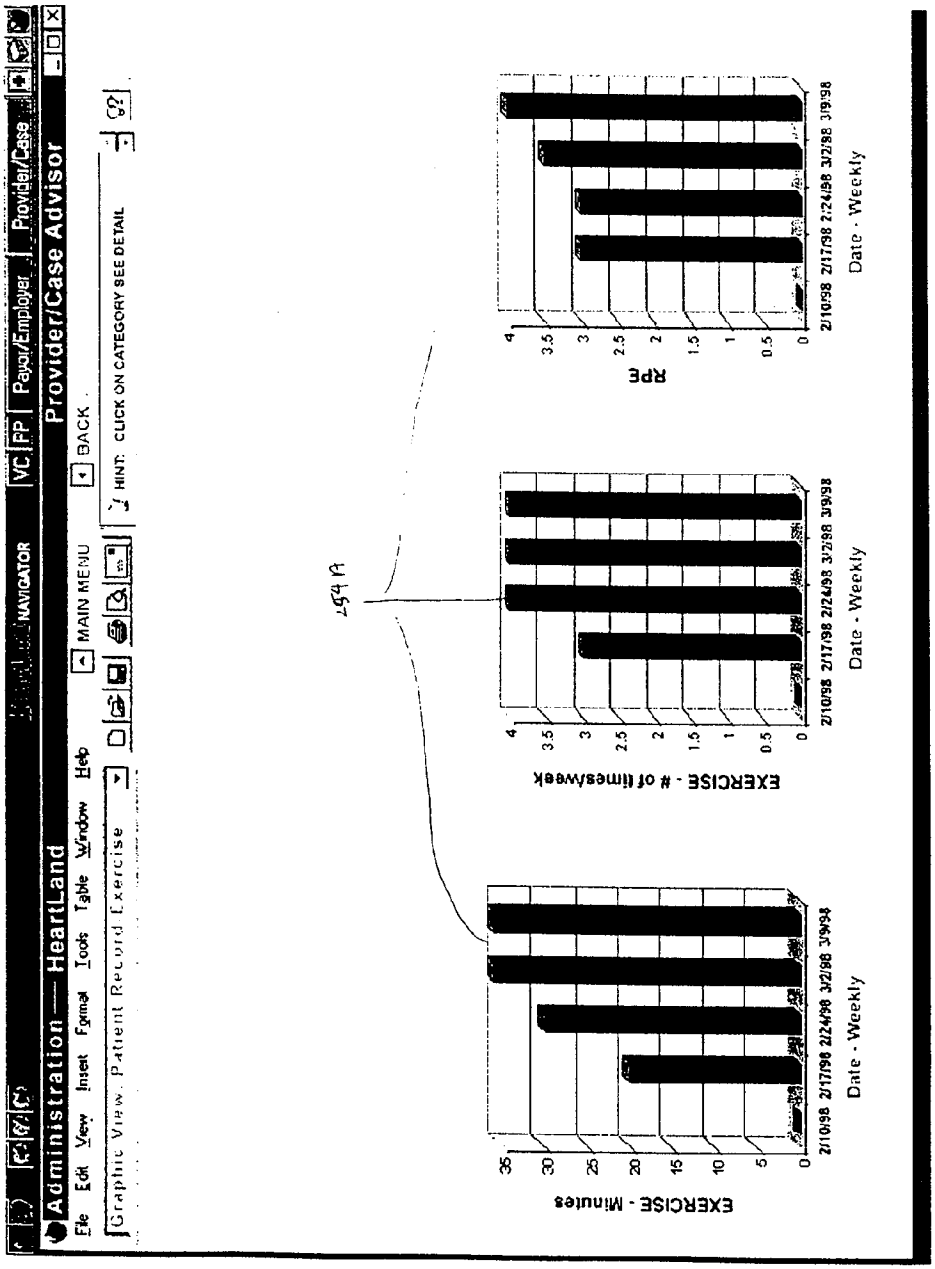
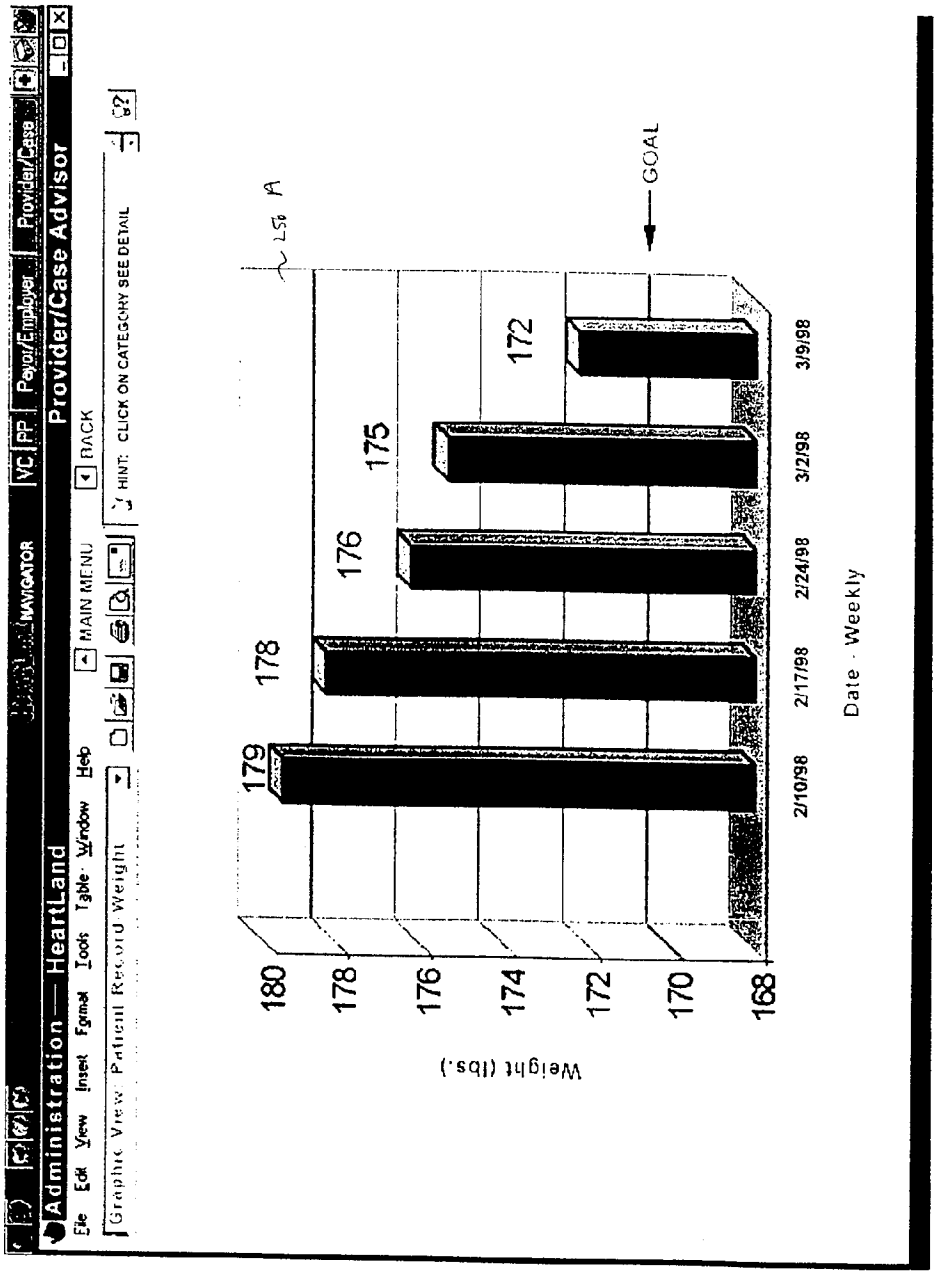


Fig 42


HeartLand 78
Administration — HeartLand
Provider/Case Advisor
File Edit View Insert Format Tools Table Window Help
MAIN MENU
BACK
HINT: CLICK ON CATEGORY SEE DETAIL
Graphic View: Patient Record Exercise
EXERCISE - Minutes
EXERCISE - # of times/week
RPE
Date - Weekly

HeartLand 76 Fig 43



HeartLand 77 Fig 44

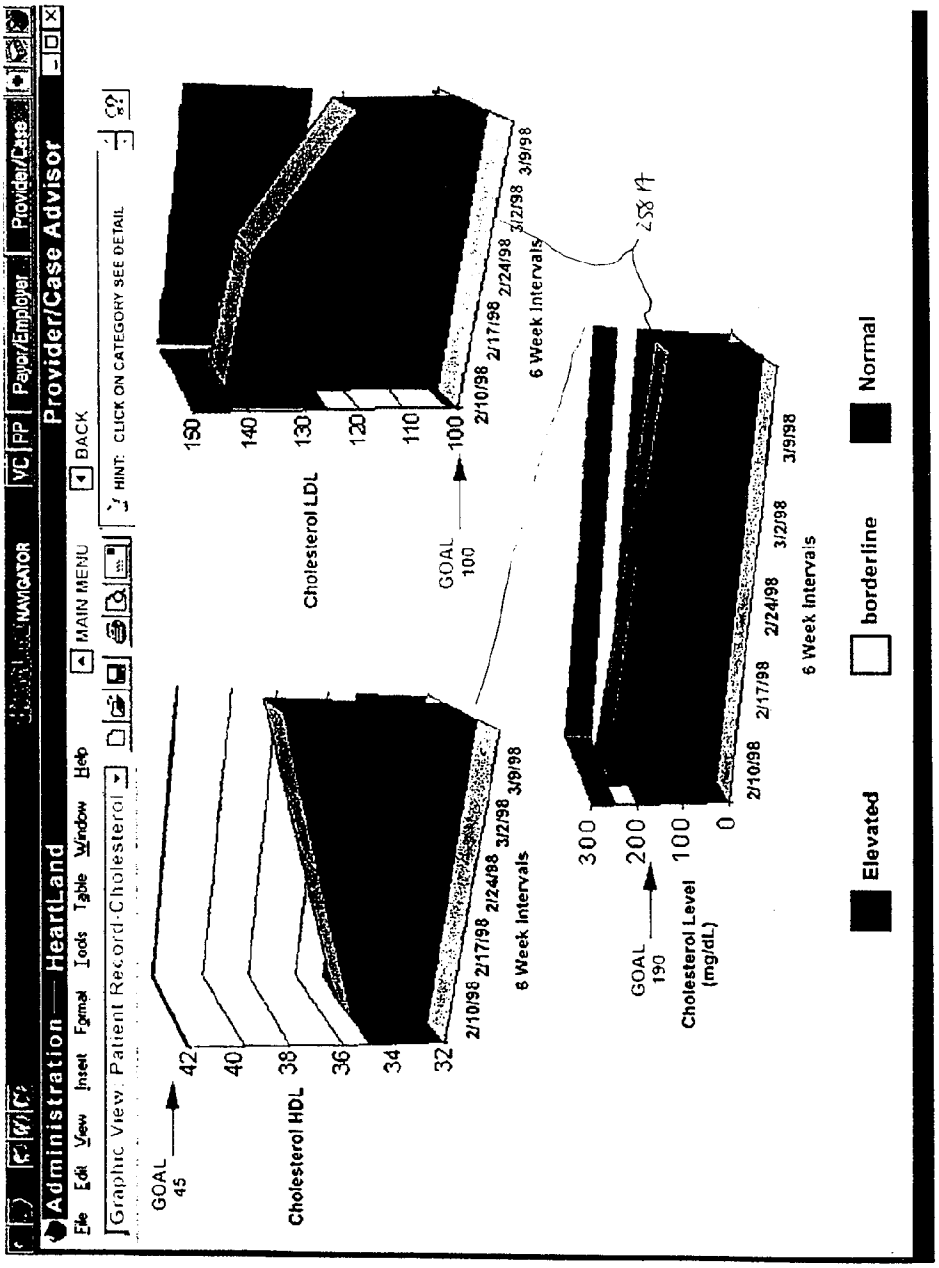
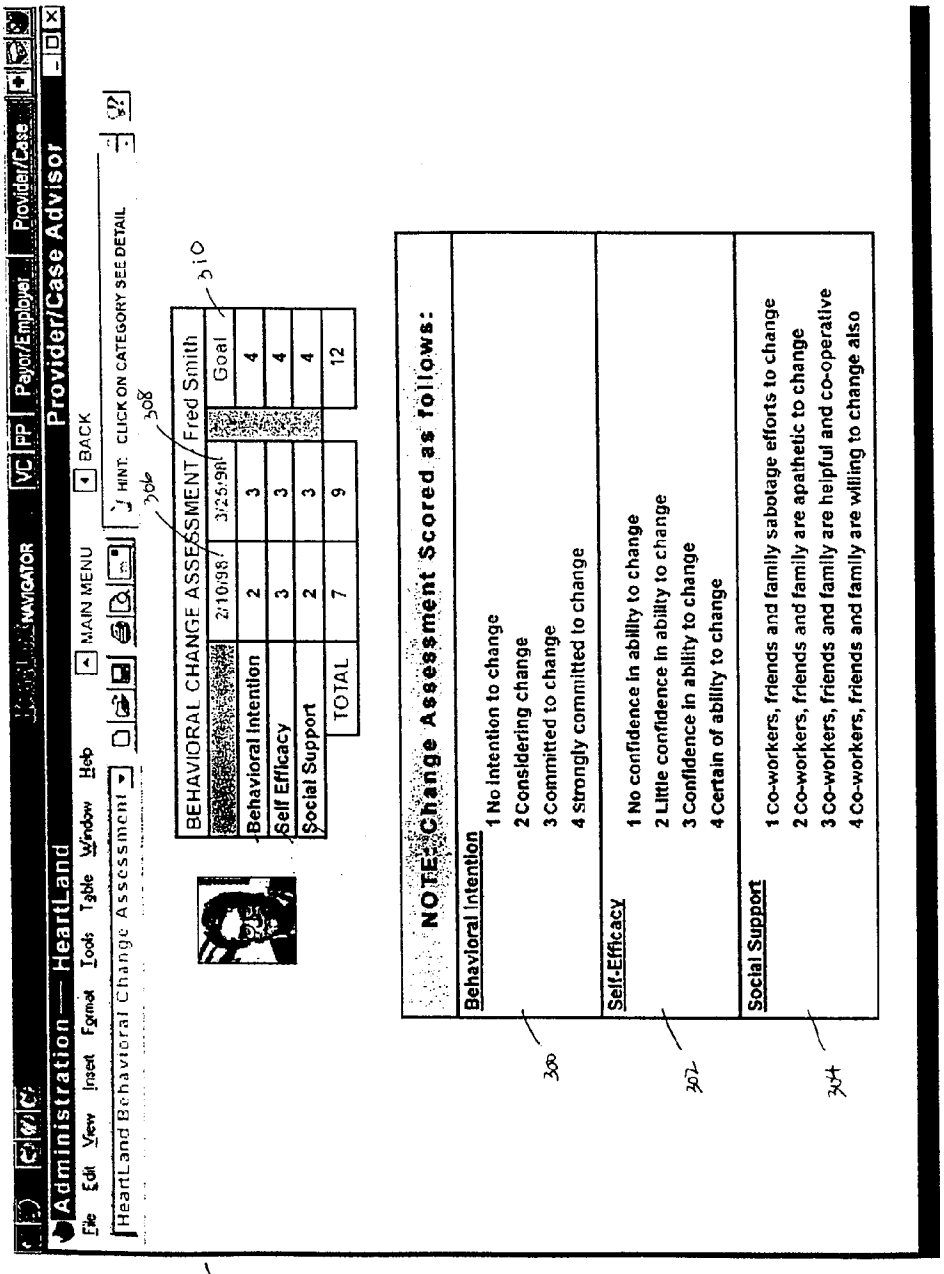
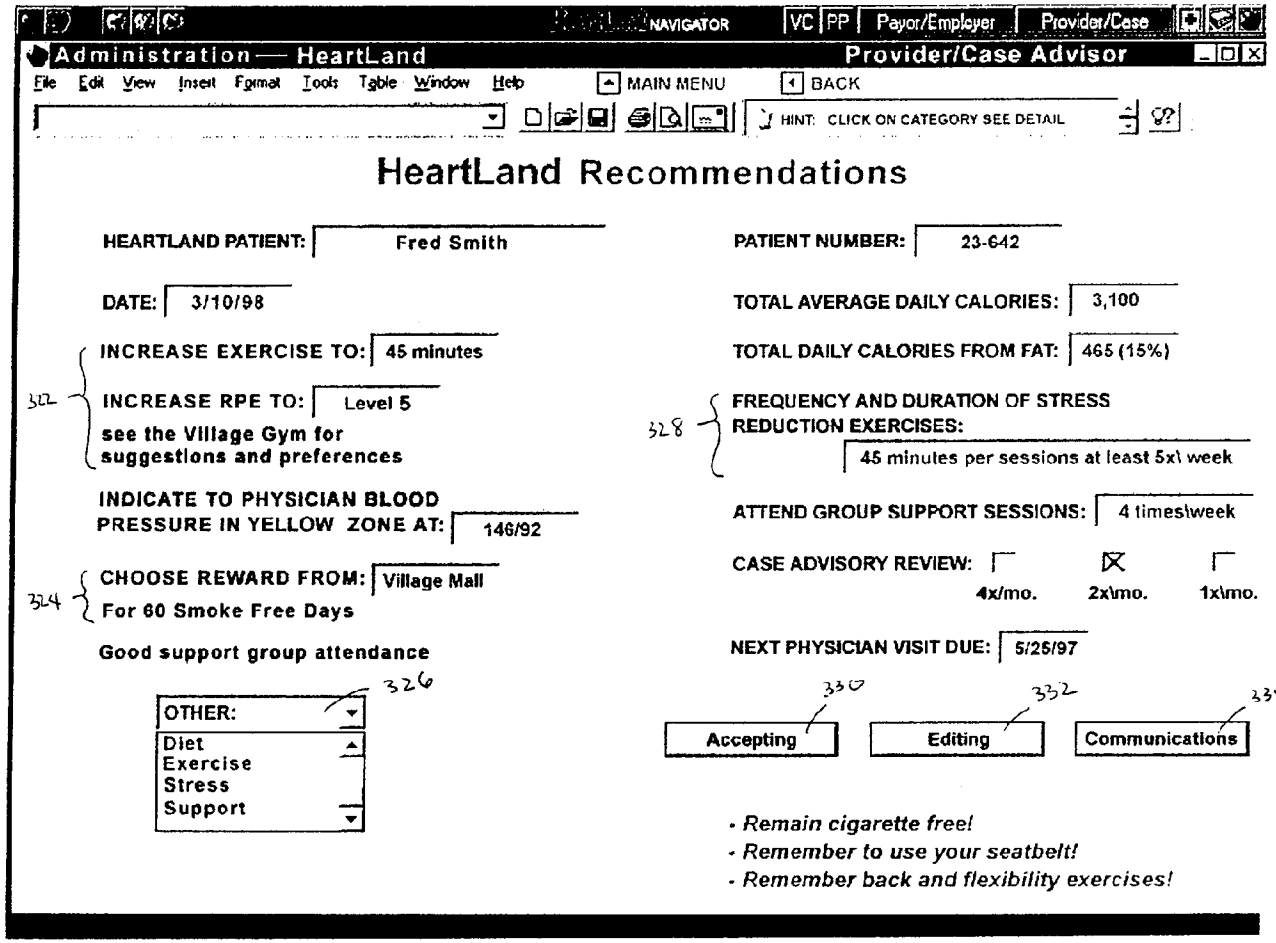


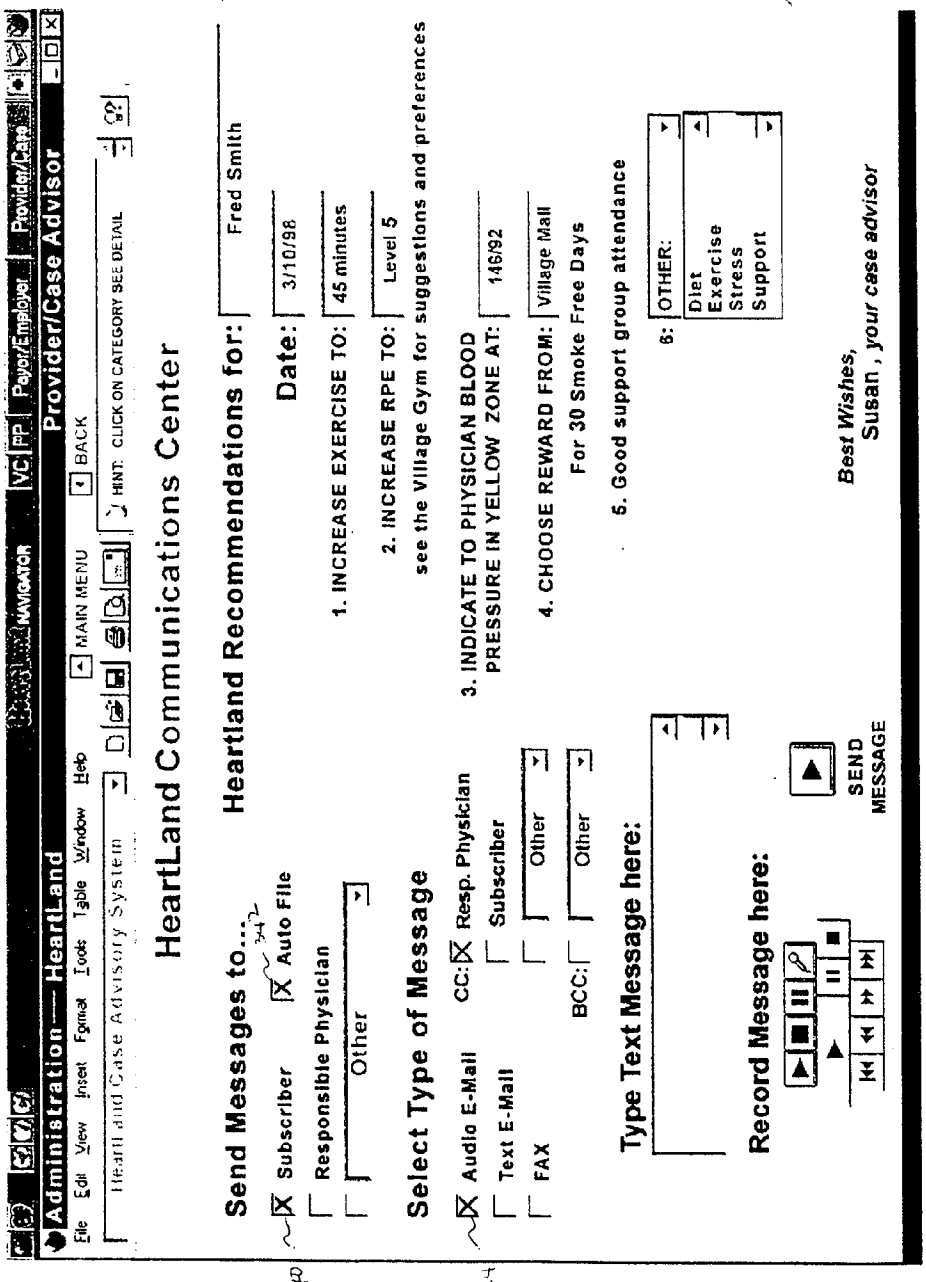
Fig 45


HeartLand 73
305
Administration — HeartLand
Provider/Case Advisor
File Edit View Insert Format Tools Table Window Help
MAIN MENU
BACK
HeartLand Behavioral Change Assessment
HINT: CLICK ON CATEGORY SEE DETAIL
306
308
310
BEHAVIORAL CHANGE ASSESSMENT / Fred Smith
2/10/98
3/25/98
Goal
Behavioral Intention 2 3 4
Self Efficacy 3 3 4
Social Support 2 3 4
TOTAL 7 9 12
NOTE: Change Assessment Scored as follows:
Behavioral Intention
1 No intention to change
2 Considering change
3 Committed to change
4 Strongly committed to change
300
Self-Efficacy
1 No confidence in ability to change
2 Little confidence in ability to change
3 Confidence in ability to change
4 Certain of ability to change
302
Social Support
1 Co-workers, friends and family sabotage efforts to change
2 Co-workers, friends and family are apathetic to change
3 Co-workers, friends and family are helpful and co-operative
4 Co-workers, friends and family are willing to change also
304

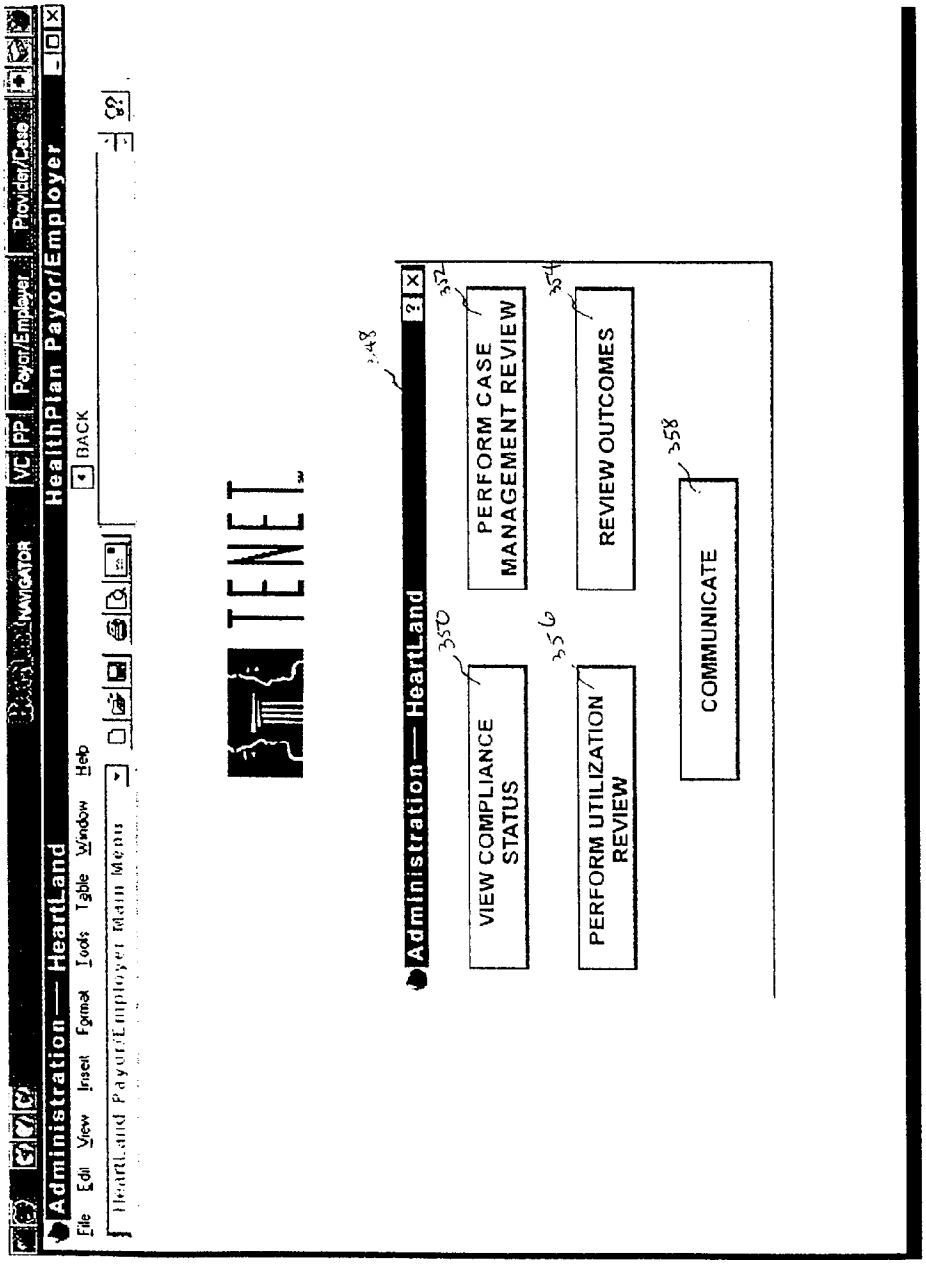
HeartLand '74 Fig 46



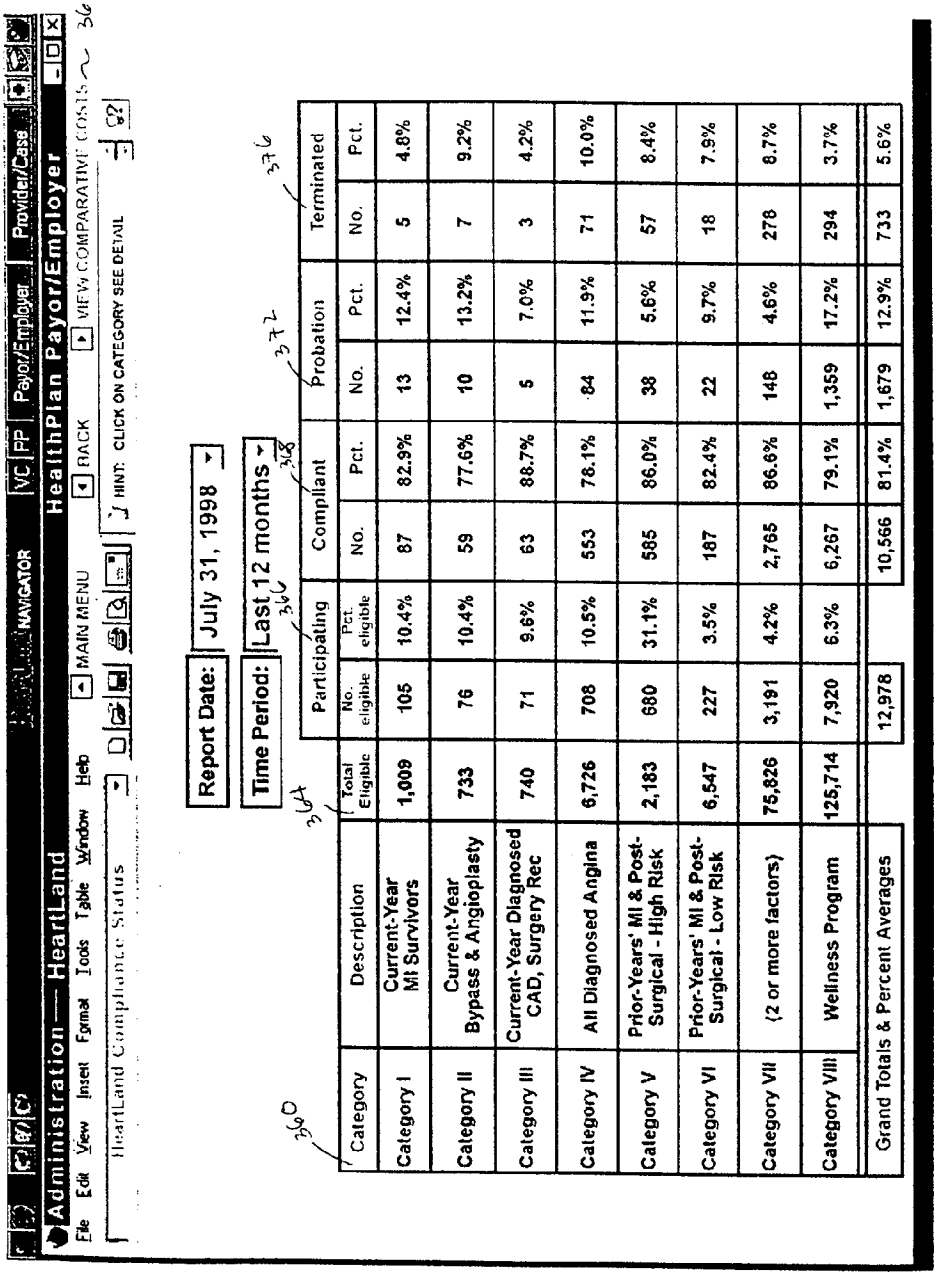
HeartLand 60 Fig 47



HeartLand 49 Fig 48

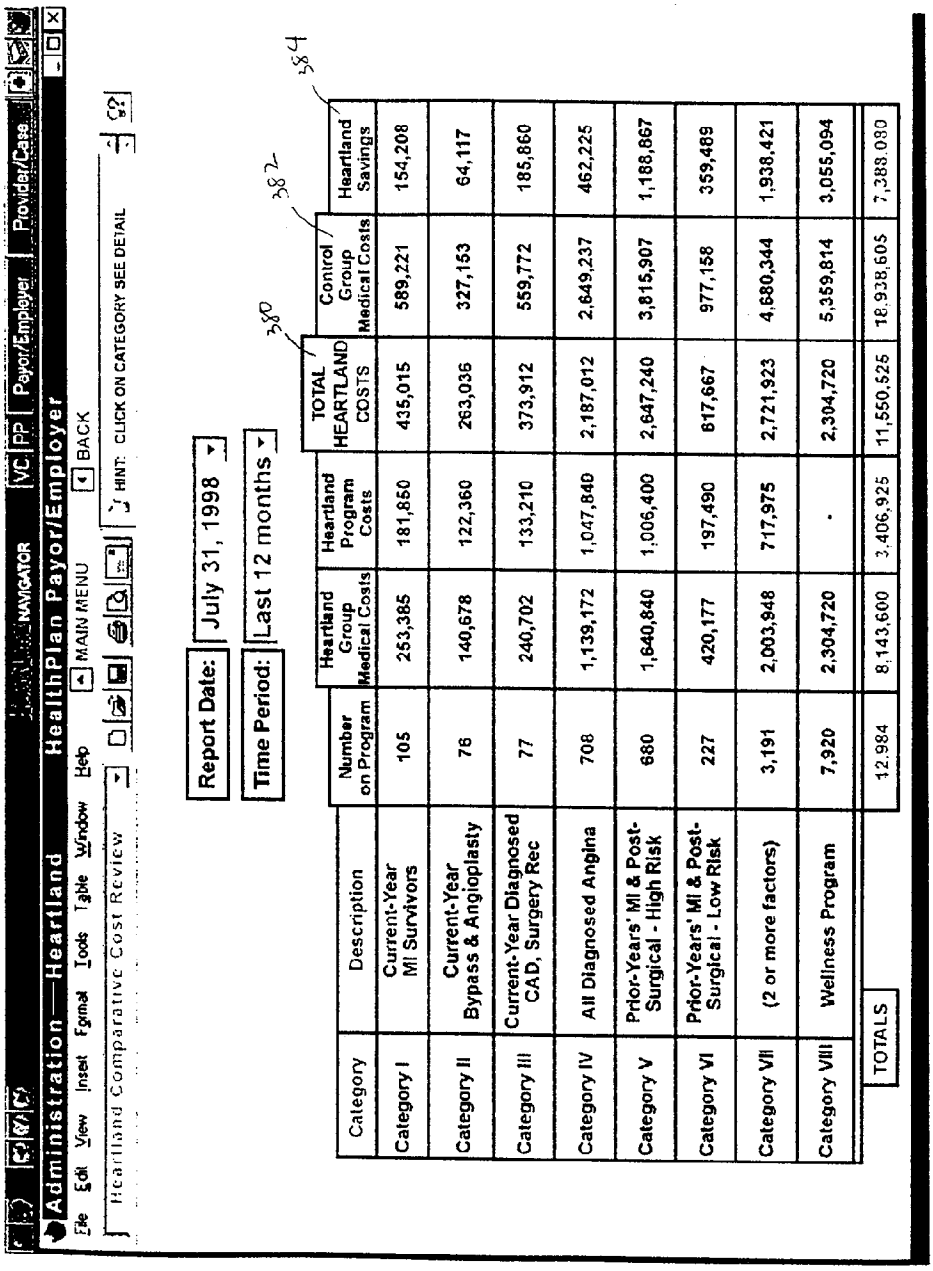

Administration — HeartLand
HealthPlan Payor/Employer
File Edit View Insert Format Tools Table Window Help
BACK
TENET
Administration — HeartLand
VIEW COMPLIANCE STATUS
PERFORM CASE MANAGEMENT REVIEW
PERFORM UTILIZATION REVIEW
REVIEW OUTCOMES
COMMUNICATE
348
350
352
354
356
358

HeartLand 52 Fig 50

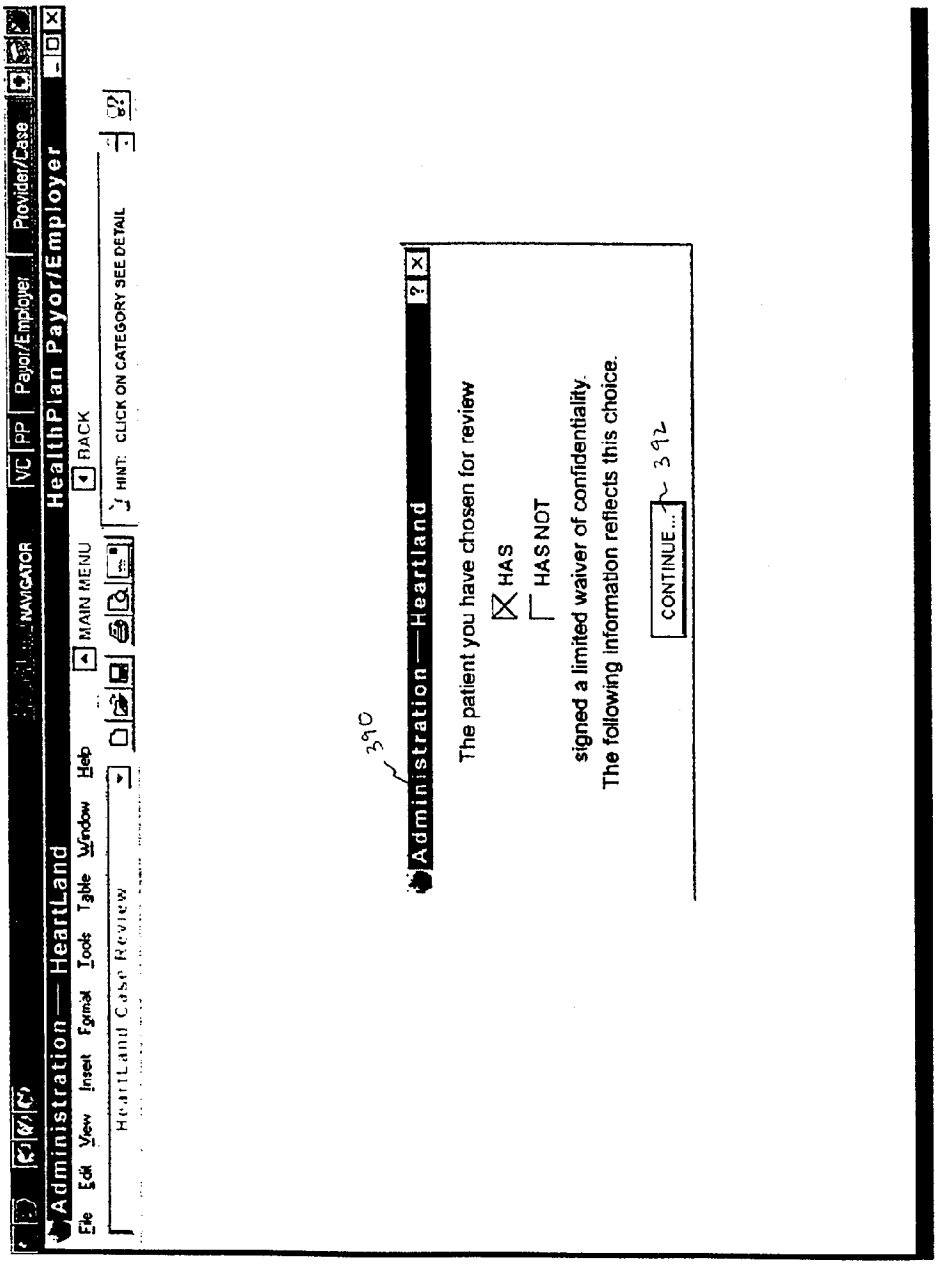


Category	Description	Total Eligible	Participating		Compliant		Probation		Terminated	
			No. eligible	Pct. eligible	No.	Pct.	No.	Pct.	No.	Pct.
Category I	Current-Year MI Survivors	1,009	105	10.4%	87	82.9%	13	12.4%	5	4.8%
Category II	Current-Year Bypass & Angioplasty	733	76	10.4%	59	77.6%	10	13.2%	7	9.2%
Category III	Current-Year Diagnosed CAD, Surgery Rec	740	71	9.6%	63	88.7%	5	7.0%	3	4.2%
Category IV	All Diagnosed Angina	6,726	708	10.5%	553	78.1%	84	11.9%	71	10.0%
Category V	Prior-Years' MI & Post-Surgical - High Risk	2,183	680	31.1%	585	86.0%	38	5.6%	57	8.4%
Category VI	Prior-Years' MI & Post-Surgical - Low Risk	6,547	227	3.5%	187	82.4%	22	9.7%	18	7.9%
Category VII	(2 or more factors)	75,826	3,191	4.2%	2,765	86.6%	148	4.6%	278	8.7%
Category VIII	Wellness Program	125,714	7,920	6.3%	6,267	79.1%	1,359	17.2%	294	3.7%
Grand Totals & Percent Averages			12,978		10,566	81.4%	1,679	12.9%	733	5.6%

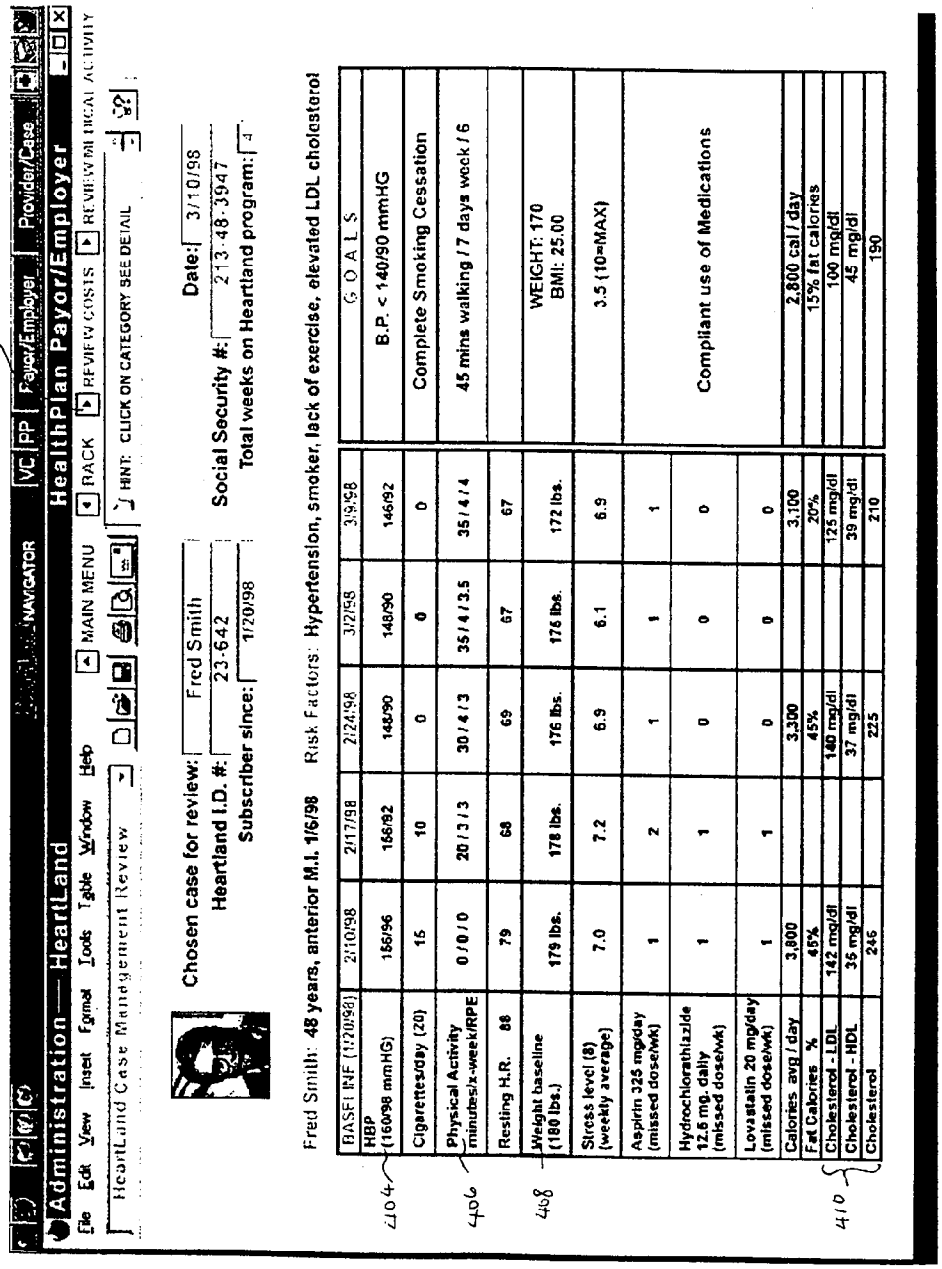
HeartLand 53 Fig 51



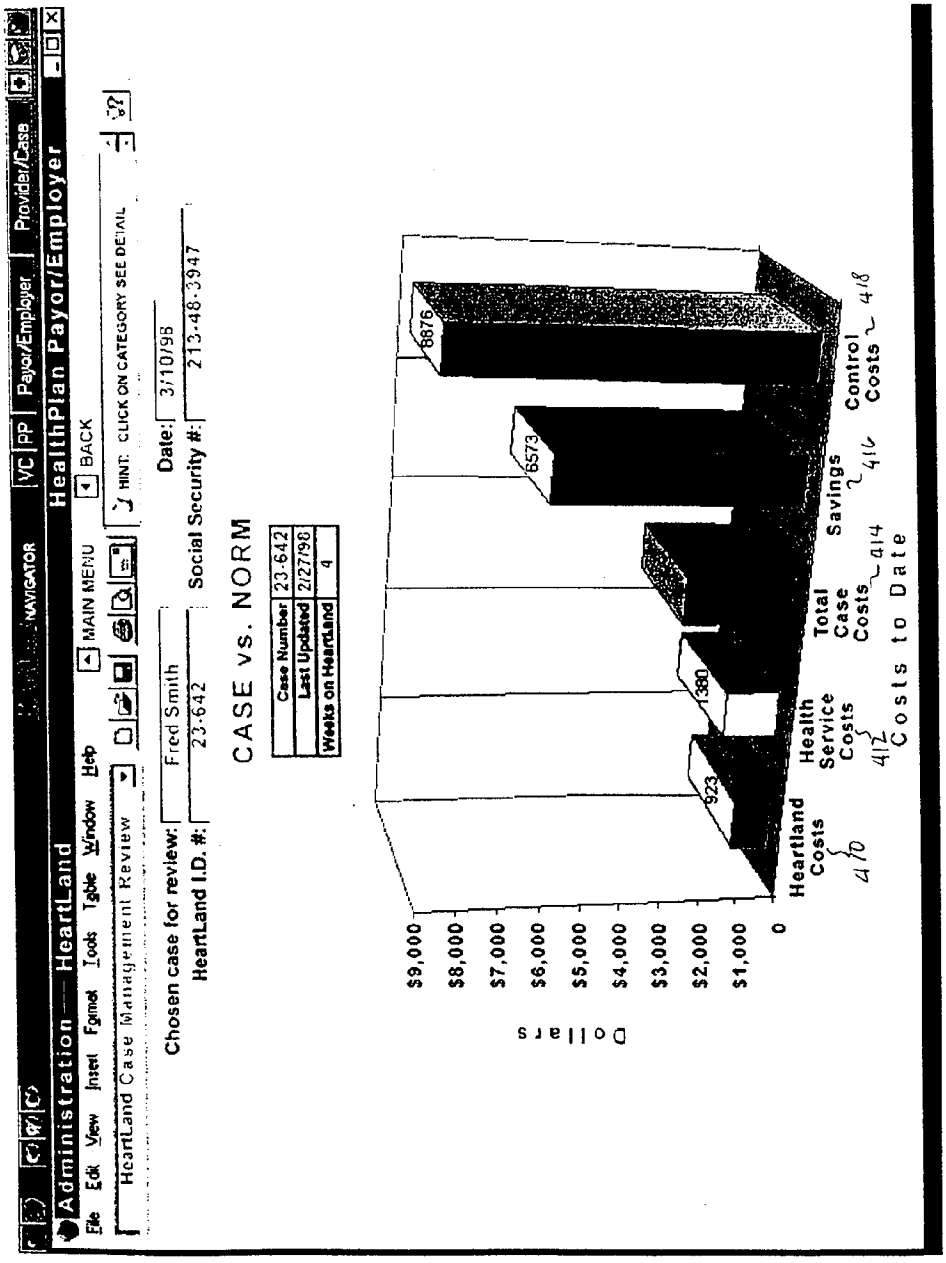
Category	Description	Number on Program	Heartland Group Medical Costs	Heartland Program Costs	TOTAL HEARTLAND COSTS	Control Group Medical Costs	Heartland Savings
Category I	Current-Year MI Survivors	105	253,385	181,850	435,015	589,221	154,208
Category II	Current-Year Bypass & Angioplasty	76	140,678	122,360	263,036	327,153	64,117
Category III	Current-Year Diagnosed CAD, Surgery Rec	77	240,702	133,210	373,912	559,772	185,860
Category IV	All Diagnosed Angina	708	1,139,172	1,047,840	2,187,012	2,649,237	462,225
Category V	Prior-Years' MI & Post-Surgical - High Risk	680	1,640,840	1,006,400	2,647,240	3,815,907	1,168,867
Category VI	Prior-Years' MI & Post-Surgical - Low Risk	227	420,177	197,490	617,667	977,158	359,489
Category VII	(2 or more factors)	3,191	2,003,948	717,975	2,721,923	4,680,344	1,938,421
Category VIII	Wellness Program	7,920	2,304,720	-	2,304,720	5,359,814	3,055,094
TOTALS		12,984	8,143,600	3,406,925	11,550,525	18,938,605	7,388,080


HeartLand 55
Fig 52
Administration — HeartLand
NAVIGATOR
VC PP Payor/Employer Provider/Case
HealthPlan Payor/Employer
File Edit View Insert Fgmail Tools Table Window Help
MAIN MENU
BACK
HINT: CLICK ON CATEGORY SEE DETAIL
HeartLand Case Review
390
Administration — Heartland
The patient you have chosen for review
HAS
HAS NOT
signed a limited waiver of confidentiality.
The following information reflects this choice.
CONTINUE...
392

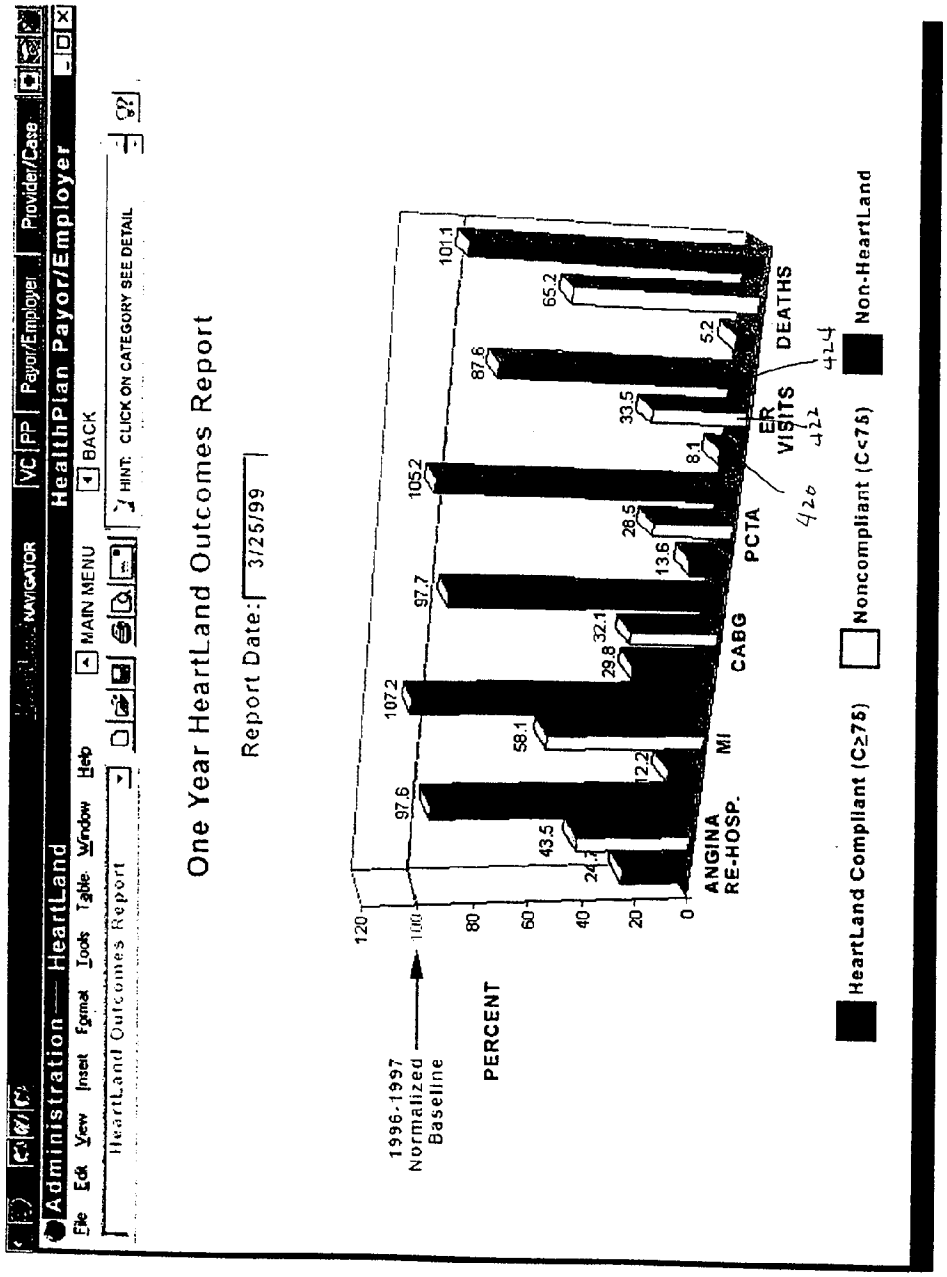
HeartLand 56 Fig 53 400



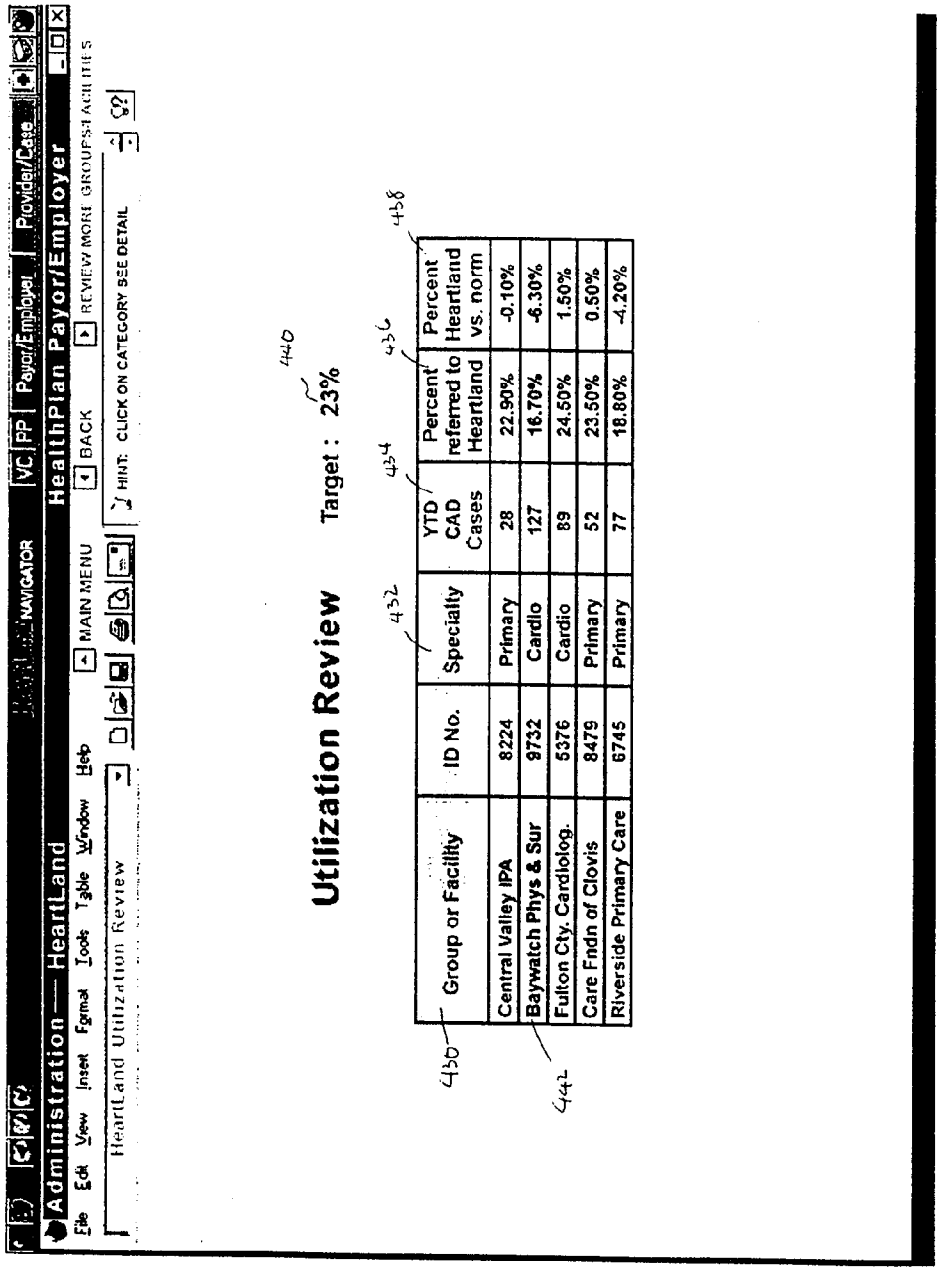
HeartLand 60 Fig 54



HeartLand 62 Fig 55

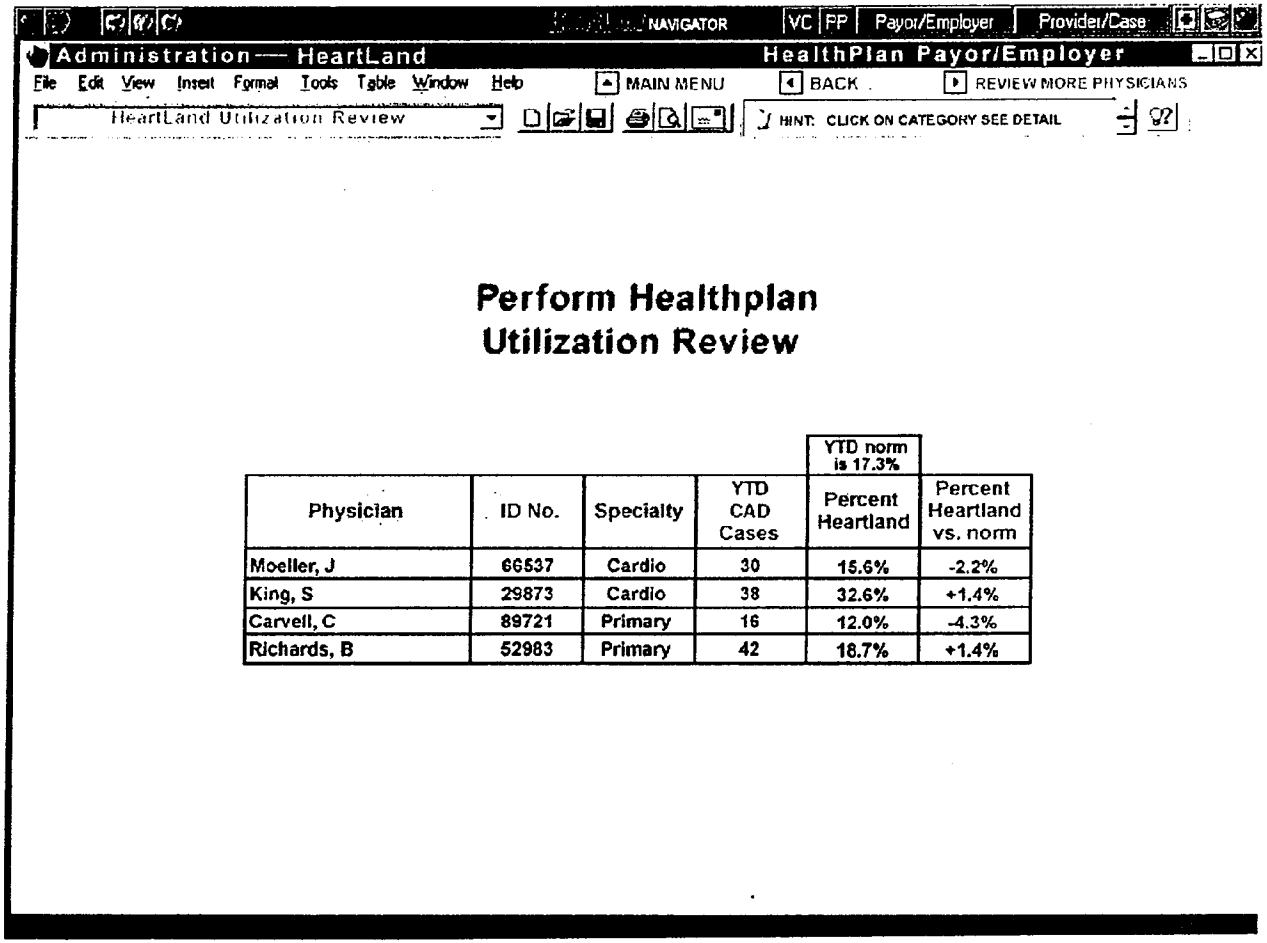


HeartLand 65 Fig 56



Group or Facility	ID No.	Specialty	YTD CAD Cases	Percent referred to Heartland	Percent Heartland vs. norm
Central Valley IPA	8224	Primary	28	22.90%	-0.10%
Baywatch Phys & Sur	9732	Cardio	127	16.70%	-6.30%
Fulton Cty. Cardiolog.	5376	Cardio	89	24.50%	1.50%
Care Fndn of Clovis	8479	Primary	52	23.50%	0.50%
Riverside Primary Care	6745	Primary	77	18.80%	-4.20%

HeartLand 64 Fig 57



Perform Healthplan Utilization Review

Physician	ID No.	Specialty	YTD CAD Cases	YTD norm is 17.3% Percent Heartland	Percent Heartland vs. norm
Moeller, J	66537	Cardio	30	15.6%	-2.2%
King, S	29873	Cardio	38	32.6%	+1.4%
Carvell, C	89721	Primary	16	12.0%	-4.3%
Richards, B	52983	Primary	42	18.7%	+1.4%

HeartLand 63 Fig 58

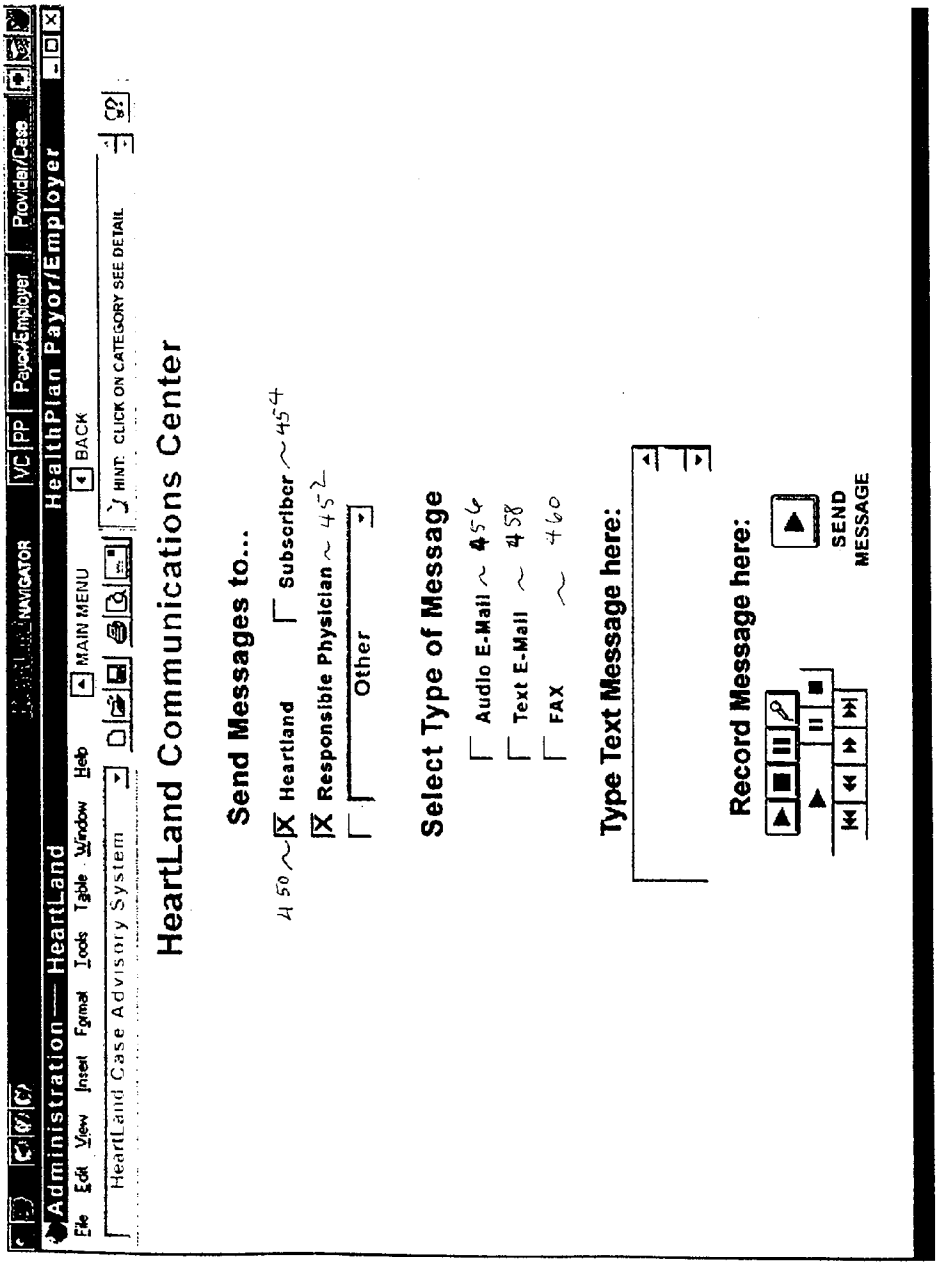
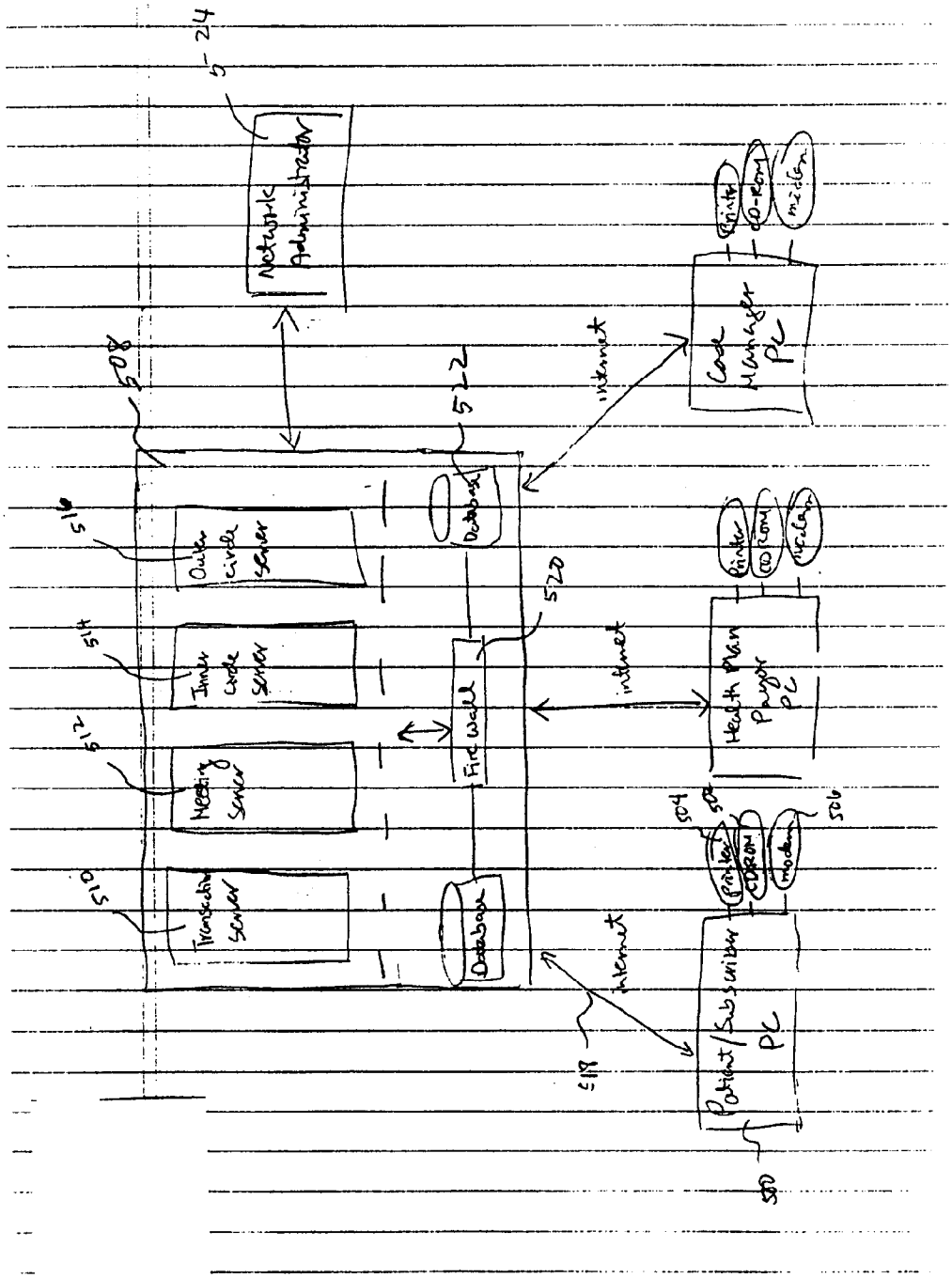


Fig 59


Network Administrator
5-24
508
522
Outer circle server
516
Inner circle server
514
Meeting server
512
Transaction server
510
Database
Database
Fire wall
520
internet
internet
internet
Code Manager PC
Printer
CD-ROM
modem
Health Plan Payor PC
Printer
CD-ROM
modem
Patient/Subscriber PC
504
502
506
500
518

60/60

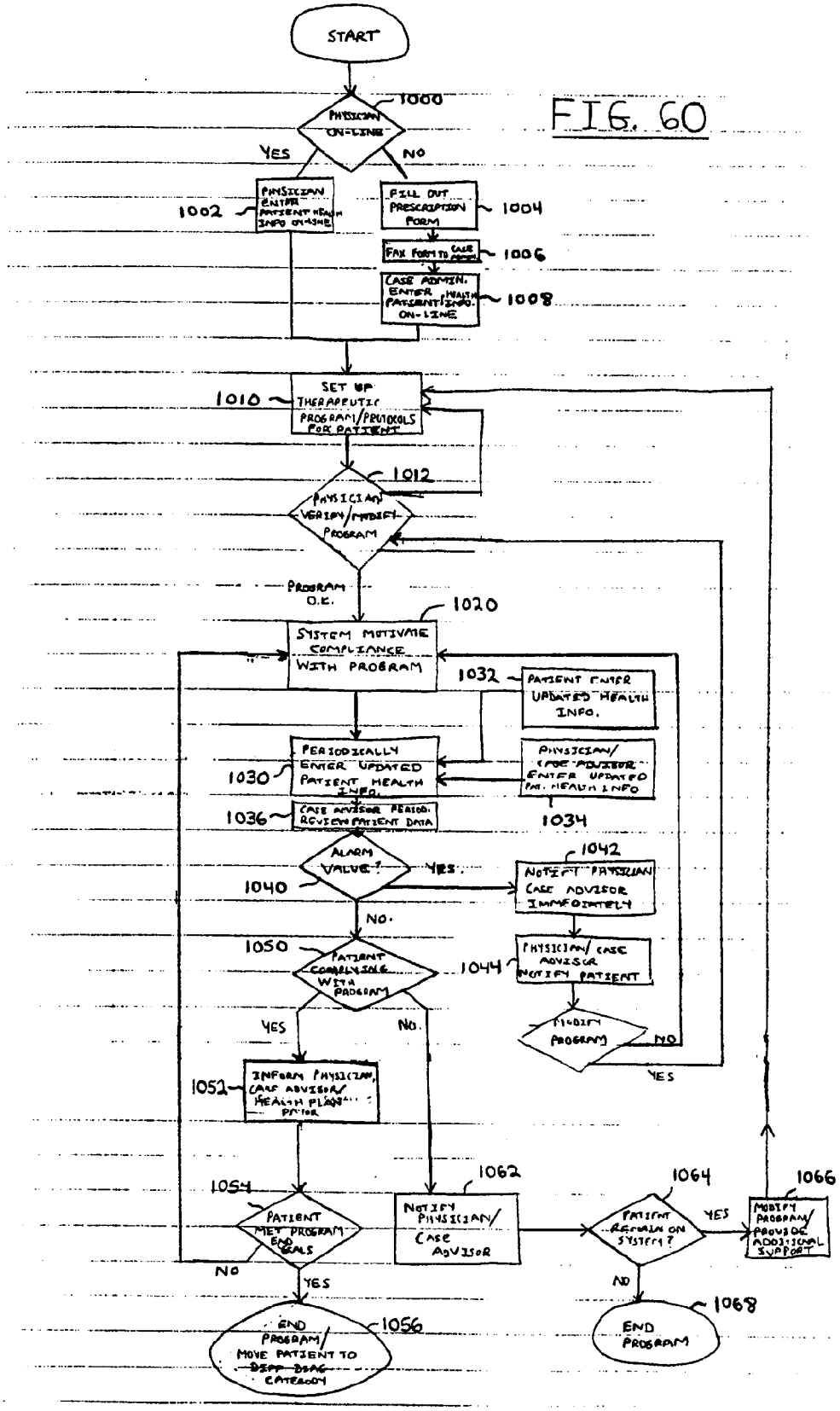

START
PHYSICIAN ON-LINE
1000
YES
NO
PHYSICIAN ENTER PATIENT HEALTH INFO ON-LINE
1002
FILL OUT PRESCRIPTION FORM
1004
FAX FORM TO CASE ADMIN.
1006
CASE ADMIN. ENTER PATIENT HEALTH INFO. ON-LINE
1008
SET UP THERAPEUTIC PROGRAM/PROTOCOLS FOR PATIENT
1010
1012
PHYSICIAN VERIFY/MODIFY PROGRAM
PROGRAM O.K.
1020
SYSTEM MOTIVATE COMPLIANCE WITH PROGRAM
1032
PATIENT ENTER UPDATED HEALTH INFO.
PERIODICALLY ENTER UPDATED PATIENT HEALTH INFO.
1030
PHYSICIAN/ CASE ADVISOR ENTER UPDATED PAT. HEALTH INFO
1034
CASE ADVISOR PERIOD. REVIEW PATIENT DATA
1036
ALARM VALUE?
1040
YES
1042
NOTIFY PHYSICIAN CASE ADVISOR IMMEDIATELY
NO.
PATIENT COMPLYING WITH PROGRAM
1050
1044
PHYSICIAN/ CASE ADVISOR NOTIFY PATIENT
MODIFY PROGRAM
NO
YES
YES
NO.
INFORM PHYSICIAN, CASE ADVISOR/ HEALTH PLAN PAYOR
1052
1054
PATIENT MET PROGRAM END GOALS
1062
NOTIFY PHYSICIAN/ CASE ADVISOR
1064
PATIENT REMAIN ON SYSTEM?
YES
1066
MODIFY PROGRAM/ PROVIDE ADDITIONAL SUPPORT
NO
YES
NO
1068
END PROGRAM
END PROGRAM/ MOVE PATIENT TO DIFF. DIAG. CATEGORY
1056

FIG. 60

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US98/14147

A. CLASSIFICATION OF SUBJECT MATTER

IPC(6) :G06F 15/00
US CL :128/920; 600/300

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 128/897, 898, 920, 921, 923; 600/300, 301; 704/251, 501, 504; 705/2-4

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X,P	US 5,673,691 A (ABRAMS et al) 07 October 1997, col. 3 line 34 to col. 6 line 56.	1, 3
A	US 5,612,869 A (LETZT et al) 18 March 1997, entire document.	1-35
A	US 5,301,105 A (CUMMINGS, JR.) 05 April 1994, entire document.	1-35
A	US 5,377,258 A (BRO) 27 December 1994, entire document.	1-35

☐ Further documents are listed in the continuation of Box C. ☐ See patent family annex.

*	Special categories of cited documents:	"T"	later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"A"	document defining the general state of the art which is not considered to be of particular relevance	"X"	document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"E"	earlier document published on or after the international filing date	"Y"	document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"L"	document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"&"	document member of the same patent family
"O"	document referring to an oral disclosure, use, exhibition or other means		
"P"	document published prior to the international filing date but later than the priority date claimed		

Date of the actual completion of the international search 11 SEPTEMBER 1998	Date of mailing of the international search report 15OCT1998
Name and mailing address of the ISA/US Commissioner of Patents and Trademarks Box PCT Washington, D.C. 20231 Facsimile No. (703) 305-3230	Authorized officer ERIC F. WINAKUR Telephone No. (703) 308-3940

Form PCT/ISA/210 (second sheet)(July 1992)★

PE2E SEARCH - Search History (Prior Art)

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	British Equivalents	Time Stamp
L1	2	("20110047404").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 01:24 PM
L2	10	("20090112924"|"20090192825"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:00 PM
L3	3130	account WITH client WITH provider	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L4	77	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L5	41	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L6	1	intensive trial teaching	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L7	1	reinforcement recorder	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:06 PM
L8	864	goal WITH achiev$5 WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:24 PM
L9	3158	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L10	1117	L9 AND goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L11	78	L9 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L12	23	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L13	6	Macrosolve$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:30 PM
L14	84	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:30 PM
L15	1753	alert WITH automatic$6 WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2016/07/08 04:34 PM
L16	540	alert NEAR5 automatic$6 NEAR5	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2016/07/08 04:34 PM

		threshold	DERWENT; IBM_TDB)				
L17	1110	(compile OR compiling OR compiled) WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:37 PM
L18	27	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:37 PM
L19	18	(compile OR compiling OR compiled) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:39 PM
L20	126	(score OR status) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:41 PM
L21	441	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:49 PM
L22	352	status WITH automatic$ WITH (score OR compile OR compiling OR scoring)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 10:01 PM
L23	1161	score WITH client WITH (threshold OR status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:20 PM
L24	125	well-being WITH client	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L25	385	well-being WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L26	0	well-being WITH client WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L27	90	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 11:11 AM
L28	1	"61791218"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 11:24 AM
L29	1	"15301419"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 01:30 PM
L30	55	client management program	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/03/19 10:14 AM
L31	2008	administrator SAME (client WITH provider)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/03/19 10:14 AM
L33	2	("7346545").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/04/12 02:12 PM
L34	2710	(track OR tracked OR	(US-PGPUB; USPAT;	ADJ	ON	ON	2018/04/15

		tracking) NEAR2 goal	EPO; JPO; DERWENT; IBM_TDB)				03:10 PM
L35	71	((track OR tracked OR tracking) NEAR2 goal) WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:10 PM
L36	44	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:20 PM
L37	77	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:23 PM
L38	90	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:37 PM
L39	4499	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:37 PM
L40	6	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/06/22 04:40 PM
L41	24	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:40 PM
L42	714	score WITH measurement WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:40 PM
L43	39585	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:44 PM
L54	4	("10061812").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2019/12/23 01:57 PM
L55	13	("20020065697"|"20020147626"|"20020194046"|"20080141138"|"20080281651"|"20090112924"|"20090192825"|"20100082381"|"20110029521"|"20110047404"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2019/12/23 02:26 PM
L56	27	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:29 PM
L57	1695	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:30 PM
L58	5898	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM

L59	46154	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L60	9	L57 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L61	100	L58 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L62	647	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L63	87	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L64	9	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2019/12/23 02:32 PM
L65	101	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L66	4	L57 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L67	4	L58 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L68	4	L57 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L69	5	L58 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L70	4	L57 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L71	4	L58 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L72	2	"16053141"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/23 03:16 PM
L73	191357	field WITH (treatment OR assistance)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/24 10:31 AM
L74	363	field WITH (treatment OR assistance) WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/24 02:37 PM
L75	726	(compile OR compiled OR compiling) WITH	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2020/07/24 03:04 PM

		(client OR patient) WITH (field OR treatment)	DERWENT; IBM_TDB)				
L76	11	(("4237344") or ("5377258") or ("20090048872") or ("20110295613")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2020/07/27 02:54 PM
L77	2	("20090048872"|"20110295613").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L78	2	("4237344"|"5377258").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L79	1	("20030004758").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L80	1	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L81	0	"Platform for Optimizing Goal Progression".TI.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L82	43	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L83	4	("10061812").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2020/09/29 10:20 AM
L84	88	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L85	60	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L86	41	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L87	115	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L88	95	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L89	2189	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L90	11	L89 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:02 AM
L91	4	L89 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:02 AM
L92	4	L89 AND (goal WITH	(US-PGPUB; USPAT;	ADJ	ON	ON	2020/09/29

		alert WITH client)	EPO; JPO; DERWENT; IBM_TDB)				11:02 AM
L93	10482	threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:23 PM
L94	714	threshold WITH goal WITH (plan OR met)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:23 PM
L95	43	threshold WITH goal WITH (plan OR met) WITH (treatment OR provider OR client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:24 PM
L96	22	threshold WITH goal WITH (plan OR met) WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:28 PM
L97	252	threshold WITH goal WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:46 PM
L98	103	L97 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:46 PM
L99	7	(("20120203092") or ("20080270182") or ("10098584")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2021/04/08 09:52 PM
L100	5	L99 AND threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:52 PM
L101	56	(patient OR client) WITH threshold WITH goal WITH (treat$5 OR chang$4 OR modif$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:03 PM
L102	17	L101 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:03 PM
L103	49389	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:05 PM
L104	6924	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:05 PM
L105	297	(L103 OR L104) AND (threshold WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:06 PM
L106	204	L105 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:06 PM
L107	29	(L103 OR L104) AND ((threshold WITH goal) SAME (patient OR client))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:08 PM
L108	9	L107 AND (@AD<"20130315" OR	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2021/04/08 10:08 PM

		@RLAD<"20130315")	DERWENT; IBM_TDB)				
L109	364	(treatment OR evaluation) WITH (goal) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:39 PM
L110	10	(client OR patient) WITH goal WITH threshold WITH progress$4	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:43 PM
L111	1708	(client OR patient) WITH goal WITH (threshold OR progress$4)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:43 PM
L112	902	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:45 PM
L113	362	L112 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:46 PM
L114	238	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4)) WITH (treatment OR assistance OR modify$4 OR plan)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:53 PM
L115	84	L114 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:53 PM
L116	327	(client OR patient) WITH goal WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:03 PM
L117	121	(client OR patient) WITH goal WITH (progress$4 OR threshold) WITH (modif$5 OR chang$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:03 PM
L118	1	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:27 PM
L119	327	(patient OR client) WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 07:35 PM
L120	153	L119 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 07:44 PM
L121	50097	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/08/12 02:27 PM
L122	2	("8066640").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2021/08/12 02:36 PM
L133	252	patient WITH threshold	(US-PGPUB; USPAT;	ADJ	ON	ON	2022/02/25

		WITH goal	EPO; JPO; DERWENT; IBM_TDB)				09:43 PM
L134	3051	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L135	51231	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L136	7790	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L137	30	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L138	136	L134 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L139	1130	L135 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L140	292	L136 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L141	13	L136 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L142	94	L135 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L143	13	L134 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L144	60	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L145	62	Gaynor, James.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L146	41	Paugh, Joshua.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:52 PM
L147	5	Arena, Paul.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:52 PM
L148	2	("20090192825").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2022/02/25 09:53 PM
L149	4	("11144554").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO;	ADJ	OFF	OFF	2022/02/25 10:10 PM

			DERWENT; IBM_TDB)				
L151	972	(client OR patient) WITH baseline WITH goal	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L152	73	((client OR patient) WITH baseline WITH goal) SAME threshold	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L153	154	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L154	57	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2022/07/25 11:43 AM
L155	61	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/01/13 08:53 PM
L157	139	(client OR patient)	(US-PGPUB; USPAT;	OR	ON	ON	2023/01/13

		WITH goal WITH biometric	USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				08:53 PM
L158	633	goal WITH threshold WITH rule	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/03/24 02:04 PM
L159	23	(client OR patient) WITH goal WITH threshold WITH rule	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/03/24 02:05 PM
L160	6	"17546594"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/06/12 02:15 PM
L161	2	("20110047404").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L162	10	("20090112924"|"20090192825"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L163	8062	account WITH client WITH provider	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L164	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L165	67	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L166	11	intensive trial teaching	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L167	11	reinforcement recorder	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L168	2046	goal WITH achiev$5 WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L169	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L170	2236	L9 AND goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L171	162	L9 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L172	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L173	6	Macrosolve$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L174	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L175	5501	alert WITH automatic$6 WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L176	1438	alert NEAR5 automatic$6 NEAR5 threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L177	2159	(compile OR compiling OR compiled) WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L178	58	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L179	55	(compile OR compiling OR compiled) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L180	390	(score OR status) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L181	1084	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L182	939	status WITH automatic$ WITH (score OR compile OR compiling OR scoring)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L183	4120	score WITH client WITH (threshold OR status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L184	256	well-being WITH client	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L185	1059	well-being WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L186	22	well-being WITH client WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L187	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L188	11	"61791218"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L189	3	"15301419"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L190	71	client management program	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L191	3950	administrator SAME (client WITH provider)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L192	3	("7346545").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L193	5047	(track OR tracked OR tracking) NEAR2 goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L194	141	((track OR tracked OR tracking) NEAR2 goal) WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L195	97	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L196	203	((track OR tracked OR tracking) NEAR2 goal)	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

		SAME (provider OR hospital)	DERWENT; IBM_TDB)				
L197	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L198	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L199	23	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L200	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L201	2017	score WITH measurement WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L202	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L203	4	("10061812").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L204	13	("20020065697"|"20020147626"|"20020194046"|"20080141138"|"20080281651"|"20090112924"|"20090192825"|"20100082381"|"20110029521"|"20110047404"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L205	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L206	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L207	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L208	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L209	31	L57 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L210	162	L58 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L211	1084	(status) WITH automatic$ WITH user	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

		input	DERWENT; IBM_TDB)				
L212	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L213	23	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L214	203	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L215	11	L57 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L216	11	L58 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L217	119	L57 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L218	14	L58 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L219	12	L57 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L220	14	L58 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L221	9	"16053141"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L222	364418	field WITH (treatment OR assistance)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L223	520	field WITH (treatment OR assistance) WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L224	995	(compile OR compiled OR compiling) WITH (client OR patient) WITH (field OR treatment)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L225	12	(("4237344") or ("5377258") or ("20090048872") or ("20110295613")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L226	2	("20090048872"|"20110295613").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L227	2	("4237344"|"5377258").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM

L228	1	("20030004758").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L229	5	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L230	0	"Platform for Optimizing Goal Progression".TI.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L231	92	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L232	4	("10061812").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L233	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L234	67	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L235	58	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L236	203	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L237	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L238	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L239	31	L89 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L240	119	L89 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L241	12	L89 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L242	14276	threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L243	990	threshold WITH goal WITH (plan OR met)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L244	87	threshold WITH goal WITH (plan OR met) WITH (treatment OR	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

		provider OR client)					
L245	57	threshold WITH goal WITH (plan OR met) WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L246	435	threshold WITH goal WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L247	109	L97 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L248	7	(("20120203092") or ("20080270182") or ("10098584")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L249	5	L99 AND threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L250	128	(patient OR client) WITH threshold WITH goal WITH (treat$5 OR chang$4 OR modif$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L251	18	L101 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L252	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L253	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L254	370	(L103 OR L104) AND (threshold WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L255	213	L105 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L256	40	(L103 OR L104) AND ((threshold WITH goal) SAME (patient OR client))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L257	10	L107 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L258	576	(treatment OR evaluation) WITH (goal) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L259	38	(client OR patient) WITH goal WITH threshold WITH progress$4	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L260	2214	(client OR patient) WITH goal WITH (threshold OR	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

		progress$4)					
L261	1115	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L262	351	L112 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L263	313	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4)) WITH (treatment OR assistance OR modify$4 OR plan)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L264	82	L114 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L265	490	(client OR patient) WITH goal WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L266	177	(client OR patient) WITH goal WITH (progress$4 OR threshold) WITH (modif$5 OR chang$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L267	5	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L268	490	(patient OR client) WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L269	158	L119 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L270	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L271	2	("8066640").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L272	351	patient WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L273	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L274	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L275	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L276	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L277	186	L134 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L278	1240	L135 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L279	359	L136 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L280	18	L136 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L281	105	L135 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L282	17	L134 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L283	92	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L284	69	Gaynor, James.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L285	67	Paugh, Joshua.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L286	7	Arena, Paul.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L287	2	("20090192825").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L288	4	("11144554").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L289	1141	(client OR patient) WITH baseline WITH goal	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO,	ADJ	ON	ON	2023/12/30 07:58 PM

			RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L290	96	((client OR patient) WITH baseline WITH goal) SAME threshold	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L291	183	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L292	67	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/12/30 07:58 PM
L293	67	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/12/30 07:58 PM
L294	147	(client OR patient) WITH goal WITH biometric	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA,	OR	ON	ON	2023/12/30 07:58 PM

			VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L295	688	goal WITH threshold WITH rule	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/12/30 07:58 PM
L296	24	(client OR patient) WITH goal WITH threshold WITH rule	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L297	7	"17546594"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/12/30 07:58 PM
L298	20	("10176245" OR "20050114384" OR "20060235834" OR "20080256026" OR "20090144696" OR "20090177640" OR "20100070448" OR "20100241644" OR "20100250576" OR "20110202560" OR "20140129921" OR "20180018329" OR "6795825" OR "7519608" OR "8204903" OR "8244702" OR "8510321" OR "8719252" OR	(US-PGPUB; USPAT)	OR	ON	ON	2024/03/08 03:29 PM

		"9396283" OR "9535950").pn.					
L299	20	("10176245" OR "20050114384" OR "20060235834" OR "20080256026" OR "20090144696" OR "20090177640" OR "20100070448" OR "20100241644" OR "20100250576" OR "20110202560" OR "20140129921" OR "20180018329" OR "6795825" OR "7519608" OR "8204903" OR "8244702" OR "8510321" OR "8719252" OR "9396283" OR "9535950").pn.	(US-PGPUB; USPAT)	OR	ON	ON	2024/03/08 03:29 PM
L300	79	"9903045"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2024/07/16 03:17 PM
L301	1	"9903045"	(US-PGPUB; USPAT)	OR	ON	ON	2024/07/16 03:18 PM

PE2E SEARCH - Search History (Interference)

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	British Equivalents	Time Stamp
N44	5	client management program.CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2018/06/22 04:37 PM
N45	0	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal).CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2018/06/22 04:37 PM
N46	1	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 04:37 PM

		hospital).CLM.					
N47	14	data mining WITH best practices.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 04:37 PM
N48	108	score WITH measurement WITH threshold.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 04:40 PM
N49	3	score WITH measurement WITH threshold WITH (well-being OR health).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:04 PM
N50	0	periodically (provide OR update) WITH well-being.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:04 PM
N51	0	mastery WITH goal WITH compile.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:04 PM
N52	2	mastery WITH goal WITH status.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:04 PM
N53	79	score WITH threshold WITH (very OR significant).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2018/06/22 05:05 PM
N123	8	client management program.CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2021/08/12 02:19 PM
N124	0	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal).CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2021/08/12 02:19 PM
N125	2	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N126	19	data mining WITH best practices.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N127	207	score WITH measurement WITH threshold.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N128	12	score WITH measurement WITH threshold WITH (well-being OR health).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N129	0	periodically (provide OR update) WITH well-being.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N130	1	mastery WITH goal WITH compile.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N131	3	mastery WITH goal WITH status.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N132	107	score WITH threshold WITH (very OR significant).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2021/08/12 02:19 PM
N133	15	client management program.CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2023/06/15 08:55 PM

N134	0	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal).CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2023/06/15 08:55 PM
N135	2	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N136	23	data mining WITH best practices.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N137	282	score WITH measurement WITH threshold.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N138	13	score WITH measurement WITH threshold WITH (well-being OR health).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N139	1	periodically (provide OR update) WITH well-being.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N140	1	mastery WITH goal WITH compile.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N141	3	mastery WITH goal WITH status.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N142	130	score WITH threshold WITH (very OR significant).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N143	15	client management program.CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2023/06/15 08:55 PM
N144	0	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal).CLM.	(US-PGPUB; USPAT)	ADJ	OFF	OFF	2023/06/15 08:55 PM
N145	2	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N146	23	data mining WITH best practices.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N147	282	score WITH measurement WITH threshold.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N148	13	score WITH measurement WITH threshold WITH (well-being OR health).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N149	1	periodically (provide OR update) WITH well-being.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N150	1	mastery WITH goal	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15

		WITH compile.CLM.					08:55 PM
N151	3	mastery WITH goal WITH status.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N152	130	score WITH threshold WITH (very OR significant).CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM
N153	8	threshold WITH series WITH goal.CLM.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/06/15 08:55 PM

UNITED STATES
PATENT AND TRADEMARK OFFICE

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APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**07/03/2024 05:01:17 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	66236166	FILING DATE	11/06/2023
CUSTOMER #	133690	FIRST NAMED INVENTOR	Nathaniel T. Bradley
CORRESPONDENCE ADDRESS	-	AUTHORIZED BY	Brian Owens

Documents

TOTAL DOCUMENTS: 3

DOCUMENT		PAGES	DESCRIPTION	SIZE (KB)
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_7-3-24.pdf		15	-	242 KB
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_7-3-24-A...pdf	(1-1)	1	Amendment/Request for Reconsideration-After Non-Final Rejection	162 KB
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-	(2-7)	6	Claims	168 KB

ACTION-RESPONSE_7-3-24-CLM.pdf				
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_7-3-24-REM.pdf	(8-15)	8	Applicant Arguments/Remarks Made in an Amendment	231 KB

Digest

DOCUMENT	MESSAGE DIGEST(SHA-512)
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_7-3-24.pdf	1381EC3E8EBB2054A9DBCBE732B6120DFA675648E98730FEE71E794813472918393EC894C18B28DC698AEF67DFEADBA69AD91C3D71B18F17AA88A2E62EB3B818
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_7-3-24-A....pdf	FC1EC8F4C87A35DB2BBDBEAC9874320247D10FC24EC5A77B9A75039051BF5442DCD2FBC7806F926A221865D74311721FA9A3A97F8F2F8CB88E8D6882025D90B
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_7-3-24-CLM.pdf	1A1FE38D2B94A168C4D944B5E1DD9EE9F8BE103BFF22574807A5137B649A230495FF0F6A586917187B03573F5EC270B0CEA93437770515A8E7176FB6F9D9300F
DHP-P0001CIP3_18502813_FILED-NON-FINAL-OFFICE-ACTION-RESPONSE_7-3-24-REM.pdf	84C713FDD8B6F9323DBABCB95F2AF8A89E2CA4D1E59D8D79EB4E28C883FD38A136A2D6998D8183C0EF5E7CF6EE390D37F7F10A38CBC15155AB44039541AC7C91

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New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement

Receipt will establish the filing date of the application

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of: Bradley et al. **Application No.** 18/502,813 **Filing Date:** November 6, 2023 **For:** SYSTEM AND METHOD FOR ACHIEVING GOALS	**Confirmation No.** 6886 **Group Art Unit:** 2156 **Examiner:** Christopher J RAAB

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EFS-WEB

Commissioner:

In reply to the Office Action mailed January 5, 2024, the shortened statutory period for response to which expires on April 5, 2024 and extends through July 5, 2024, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims in this paper.

Remarks follow the amendments section of this paper.

AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions and listings of claims in the application:

Claim 1 (Currently Amended): A method for tracking progression toward goals, the method comprising:

receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;

assigning each of the one or more clients to an account;

create a baseline associated with each of the one or more clients;

establishing goals for each of the one or more clients based at least in part on the baseline for each of the one or more clients;

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients;

compiling data associated with each of the one or more clients from the one or more monitoring devices;

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;

determining whether the goals are being met in response to thresholds for the compiled data; and

automatically communicating alerts in response to the compiled data varying from a threshold to become significant for one of the one or more clients.

Claim 2 (Original): The method of claim 1, wherein the baseline is established utilizing

data from 1) one of the one or more clients and 2) one or more monitoring devices.

Claim 3 (Original): The method of claim 1, wherein the input is utilized to automatically establish accounts associated with each of the one or more clients.

Claim 4 (Original): The method of claim 1, further comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated.

Claim 5 (Original): The method of claim 1, wherein the server is accessed through a cloud network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.

Claim 6 (Original): The method of claim 1, further comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients.

Claim 7 (Original): The method of claim 1, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 8 (Original): The method of claim 1, further comprising:

recommending goals to the one or more clients in response to receiving the input.

Claim 9 (Original): The method of claim 1, further comprising:

modifying the goals in response to the compiled data varying from the baseline to become significant.

Claim 10 (Original): The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

Claim 11 (Currently Amended): A system for tracking progression toward goals, the system comprising:

a server communicates with communications devices through a transceiver utilizing one or more networks, the server includes a processor that executes a client management program to:

receive input establishing an account associated with a client stored in the server, wherein the client is an individual receiving treatment or assistance;

assign the client to an account;

create a baseline associated with the client based on data from at least the client and one or more monitoring devices;

set goals for the client based at least in part on the baseline;

compile data associated with the client received from the client and the one or more monitoring devices;

store the compiled data associated with the client in the server;

determine whether the goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from a threshold to become significant for the client; and

a database in communication with the server configured to store at least the data, baseline, goals, and thresholds associated with the client.

Claim 12 (Original): The system according to claim 11, wherein the baseline further performs an assessment of the clients to determine the baseline associated with the client.

Claim 13 (Original): The system according to claim 11, wherein the alerts indicate that an intervention with the client is required.

Claim 14 (Original): The system according to claim 11, wherein each of the goals is associated with a plan of action for achieving each of the goals.

Claim 15 (Original): The system according to claim 11, wherein the goals are established by the client.

Claim 16 (Original): The system according to claim 11, wherein the client management program is further executed to:

recommend goals to the client in response to receiving the input.

Claim 17 (Currently Amended): A server comprising:

a processor for executing a set of instructions; and

a memory for storing the set of instructions, wherein the set of instructions are executed by the processor to:

receive input establishing clients receiving assistance, wherein the clients are individuals receiving treatment or assistance;

assign each of the clients to an account for treating or assisting each of the clients;

create a baseline associated with each of the clients;

set one or more goals for each of the clients based at least in part on the baseline;

compile data in the memory, the compiled data is associated with each of the clients received from one or more monitoring devices;

determine whether the one or more goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from a threshold to become significant for one or more of the clients.

Claim 18 (Original): The server according to claim 17, wherein the set of instructions are further executed to:

physically intervene with the one or more of the clients in response to the alerts.

Claim 19 (Original): The server according to claim 17, wherein each of the one or

more goals is associated with a plan of action for achieving each of the one or more goals, and wherein the one or more goals are established by the client utilizing the baseline.

Claim 20 (Original): The server according to claim 17, wherein the one or more goals are not met if the compiled data varies from the baseline to become significant.

REMARKS

In the Office Action, the Examiner took the following actions:

I. Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431; and
II. Claims 1 - 20 are rejected under 35 U.S.C. 103 as being unpatentable over Luttrell (US PGPub 2003/0004758), in view of Shaanan et al. (US PGPub 2015/0205930), hereinafter "Shaanan".

The Office Action may contain statements characterizing the related art and/or the claims. Regardless of whether any such statement is expressly identified and/or discussed herein, Applicant reserves the right to disagree with any such statement or characterization in the Office Action.

Applicant amends claims 1, 11, 17 without prejudice or disclaimer of its subject matter. Support for the amendments may be found in the specification and Figures including at least paragraphs [0006, 0045, 0047, 0075]. Claims 1-20 remain pending and under examination. For at least the following reasons, Applicant respectfully requests reconsideration and withdrawal of the rejections.

Double Patenting

Claims 1 - 20 are rejected on the ground of nonstatutory double patenting over claims 1 - 20 of prior U.S. Patent No. 11,809,431. Applicants are willing to address this double patenting rejection once allowable claims are reached.

Claim Rejections - 35 USC§ 103

Claims 1 - 20 are rejected under 35 U.S.C. 103 as being unpatentable over

Luttrell (US PGPub 2003/0004758), in view of Shaanan et al. (US PGPub 2015/0205930), hereinafter "Shaanan". This rejection is respectfully traversed.

With regard to claim 1, the recited art does not teach, suggest, or disclose "creating a baseline associated with the one or more clients." The recited portion of Luttrell is included in its entirety below and teaches:

> [0003] Once an evaluation, or re-evaluation (in the event the patient has been evaluated earlier), of a condition/impairment of a patient at a treatment session (or office visit) is done by a provider, a functional "goal" is identified (if not already done so) against which progress is measured during that treatment session and any following sessions held based upon a "plan", or prescription for follow-up treatment or remedy. Patient progress toward each identified functional goal during a particular treatment session is documented (either manually or entered via user interface such as a monitor screen or other information display) and a treatment record is generated and stored therfor. Treatment record data, comprising treatment records of the patient's progress during a treatment session, are retrieved and used to automatically generate a variety of reports in a systematic manner for submission in connection with a range of purposes such as to seek reimbursement from, or report patient progress to, any one or more of the following: a physician, dentist, or other primary or ancillary health care provider caring for the patient; a hospital, out-patient clinic, laboratory/testing center, nursing home, or any other health care facility; a health maintenance organization (HMO), physician managed group (PMG), preferred provider organization (PPO) under an auto insurance plan, point of service (POS) group, or any other managed care organization; a private medical insurance carrier; government-sponsored or supported insurance such as Medicaid and Medicare; the patient, his/her legal guardian, or other person with authorization to obtain the patient's records; an entity that maintain records for the provider; and so on. Confidential reports can be generated as contemplated according to the invention, these include reports containing, by way of example only: goals identified over a select time period, e.g., monthly, weekly, daily, or per-session, for a particular patient; progress made over a selected time period, e.g., semiannually, monthly, or biweekly, weekly, daily or per-session, toward meeting active goals for a patient; comprehensive evaluation for submission to a health care provider or facility (clinic, hospital, etc.); treatment plan or prescription summary for a patient; summary of all active and completed goals for all current and discharged patients, or a select subset thereof, of the provider treated over a select time period, e.g., monthly or semiannually; as well as other reports tailored (e.g., patient- or provider-specific) to include information from the

searchable display fields into which data has been entered and stored.

> [0026] Briefly described, once again, the invention includes a process for tracking skilled-service rendered a patient by a provider at a treatment location. At the treatment location, at least one record of progress is generated for the progress made toward each treatment goal identified for the patient and addressed by the provider during the session. Next, an input comprising each record of progress so generated, is received for storage as treatment record data at a host location. Preferably the data is stored in searchable data fields for access and retrieval upon command. Using the treatment record data and a host processor, a patient report can be automatically generated for submitting to an entity selected from the group consisting of a health care facility, a health care provider, an insurer, the patient, an entity authorized to receive records of the patient, and a record-keeping entity for the provider. A composite record of each record of progress/outcome, along with a record of skilled intervention used, may be generated at the treatment location by filling-in a hardcopy form or entering the information in respective input fields of an electronic display form.
>
> [0027] The record of progress can contain information such as: a description of the goal, for example, using searchable key terms or phrases taken from a list of standard acceptable outcomes; a date the treatment session took place; the patient's and the provider's entities; and a description (using searchable key terms and phrases, for example) of the progress made as observed during that session. The information is preferably entered into respective input fields of a treatment record display via suitable interface located at the treatment location, the host location, or any other suitable data entry location. Each treatment goal identified is preferably based upon an evaluation of the patient's condition. The evaluation may take place prior to, or during, the current treatment session, by the same or another provider—and can be input for storage as evaluation record data. A plan comprising a prescription for follow-up with the patient is preferably generated and can be entered into an input field of a plan record display for storage as plan record data. A provider with access to an interface at which plan and evaluation displays are viewable may pull up associated plan and evaluation records of the patient during the treatment session; alternatively, a hardcopy of a plan and evaluation earlier generated may be printed and used at the treatment location.

The searchable data fields of Luttrell do not teach a baseline as claimed by Applicants. In Luttrell, "[a] data field is a physical unit of data that is one or more bytes in size; a collection of data fields make up a record" as are commonly used in a

database (Luttrell, [0062]) Thus, Luttrell does not teach "creating a baseline associated with the one or more clients." For at least this reason, claim 1 is allowable over the cited art.

Further with regard to claim 1, the recited art does not teach, suggest, or disclose "determining whether the goals are being met in response to thresholds for the compiled data." The recited portion of Luttrell is included in its entirety below and teaches:

> [0019] It is a primary object of this invention to provide a process and associated computerized system for tracking patient treatment rendered at a treatment location (whether on an in-patient or out-patient basis) by a provider, including any ancillary and primary health professional/provider trained to render skilled services to a patient. Included are features for entering, through an interactive/user interface, information/data concerning an evaluation or re-evaluation, the identification of functional goals associated therewith, generation of a plan (prescription of follow-up treatment or care), as well as progress made during a current treatment session/visit toward any then active goals (whether identified during the current treatment session). A treatment record is generated for storage for each active goal comprising progress made toward that goal during the current treatment session.
>
> [0048] FIGS. 2E and 2F illustrate input formats (in the form of active displays or alternatively as hardcopy, 25A and 25B) of a sample composite record generated at the treatment location. By way of example only, spaces 29A-29C are provided for recording specific progress made toward three respective goals (identified from a non-exhaustive suggested listing 26L targeted to a therapy discipline) during a treatment session. Space for recording information about the type of skilled-intervention used to address each goal during the session is provided at 28A-28C. The listing 26L is included in the composite record format shown for handy reference allowing for greater consistency of treatment between providers. Preferably, a provider who initially selects (shown at 26 g) a general goal description from the listing, will tailor it to the patient based upon an evaluation, or re-evaluation, of the patient's condition and accordingly use skilled intervention (28A-28C). Progress made during the treatment session is first recorded in space provided at 29A-29C and a change in the patient's plan or prescription for follow-up is recorded at 56CH. On both displayed forms 25A and 25B there is space for the provider to identify his/herself. (Luttrell, [0019, 0048], emphasis added)

The recited portion of Shaanan teaches the following:

[0003] Once an evaluation, or re-evaluation (in the event the patient has been evaluated earlier), of a condition/impairment of a patient at a treatment session (or office visit) is done by a provider, a functional "goal" is identified (if not already done so) against which progress is measured during that treatment session and any following sessions held based upon a "plan", or prescription for follow-up treatment or remedy. Patient progress toward each identified functional goal during a particular treatment session is documented (either manually or entered via user interface such as a monitor screen or other information display) and a treatment record is generated and stored therfor. Treatment record data, comprising treatment records of the patient's progress during a treatment session, are retrieved and used to automatically generate a variety of reports in a systematic manner for submission in connection with a range of purposes such as to seek reimbursement from, or report patient progress to, any one or more of the following: a physician, dentist, or other primary or ancillary health care provider caring for the patient; a hospital, out-patient clinic, laboratory/testing center, nursing home, or any other health care facility; a health maintenance organization (HMO), physician managed group (PMG), preferred provider organization (PPO) under an auto insurance plan, point of service (POS) group, or any other managed care organization; a private medical insurance carrier; government-sponsored or supported insurance such as Medicaid and Medicare; the patient, his/her legal guardian, or other person with authorization to obtain the patient's records; an entity that maintain records for the provider; and so on. Confidential reports can be generated as contemplated according to the invention, these include reports containing, by way of example only: goals identified over a select time period, e.g., monthly, weekly, daily, or per-session, for a particular patient; progress made over a selected time period, e.g., semiannually, monthly, or biweekly, weekly, daily or per-session, toward meeting active goals for a patient; comprehensive evaluation for submission to a health care provider or facility (clinic, hospital, etc.); treatment plan or prescription summary for a patient; summary of all active and completed goals for all current and discharged patients, or a select subset thereof, of the provider treated over a select time period, e.g., monthly or semiannually; as well as other reports tailored (e.g., patient- or provider-specific) to include information from the searchable display fields into which data has been entered and stored.

[0058] The interactive user interface can include a plurality of data modules that organize the processed health information. For example, the data modules include an analyte level module to provide one or both of a recent measurement and a history of the measured analyte levels, a medication module to provide medication data of one or more medications being taken by the patient including at least one of a medication name or

identifier, medication type taken, a date and time taken, and a dosage taken, a nutrition module to provide carbohydrate and other nutrient intake data by the patient, and/or a fitness module to provide fitness data including at least one of a number of steps taken or duration of exercise performed by the user. For example, the data modules can also include a patient goals module to receive patient goal and/or threshold information corresponding to the health information in any or all of the data modules and to process and present the patient goal and/or threshold information to analyze the goals and thresholds with respect to the corresponding health information. For example, the data modules can also include a journal module to provide journal data including user input data including text, images, and/or audio data and/or a snapshot image of the interactive user interface displayed on a display screen of the computing device, e.g., which can allow a user to make retrievable notes associated with events and/or particular health information that occurred at a particular date and time.

[0070] FIGS. 12A-12E show exemplary display screens of the exemplary fitness module (e.g., Steps module and Exercise module) of the interactive user interface. For example, the display interface of the exemplary Steps and Exercise modules can display a log (e.g., represented graphically and/or textually) of various data detailing physical activity information exhibited by the patient. For example, the number of steps a patient user takes can be recorded by a pedometer (e.g., such as a pedometer device included in the analyte meter device 301, or other device, such as a smart phone executing the disclosed user interface) and inputted into the Steps module, e.g., for analysis and display by the Steps module, as shown in FIGS. 12A-12C. FIG. 12A shows a cumulative display of steps data over the course of a single day, while FIG. 12B shows an hourly display of the steps data over the course of the single day. FIG. 12C shows the steps data displayed over a course of several days. For example, the number of steps can be analyzed and shown to the user as averaged over one day or multiple days, based on a goal or threshold having reached, e.g., and the steps data can be shown relative to the patient goal. For example, the pedometer included in the analyte meter device 301 can be configured to be continuously operative, e.g., which can perpetually track a patient user's steps without having to be activated or deactivated by the patient. The Steps module can be configured to automatically reset the number of steps for a given time interval. For example, the Steps module can be configured to reset the number of recorded steps by the pedometer in the analyte meter device 301 at the beginning of each day, e.g., 00:00:00 (h:m:s) or 12:00 AM. (emphasis added)

Applicants note that Luttrell appears to refer to goals and thresholds

interchangeable ("goal or threshold", Shaanan, [0058]). Although goals are discussed and described in Luttrell, no mention is made of thresholds in paragraphs 0019, or 0048. In fact, Luttrell does not even mention utilizing thresholds in the specification or drawings at all. As a result, the cited art including Luttrell does not disclose each and every element as set forth in the claims. For at least this reason claim 1 should be allowed over the cited art.

Independent claims 11 and 17 are allowable for similar reasons. Dependent claims 2-10, 12-16, and 18-20 are allowable at least based on their dependence on claims 1, 11, and 17, respectively.

Applicants would welcome an opportunity to have an interview with Examiner Raab before a decision on the after-final response is made.

CONCLUSION

In view of the foregoing, Applicant respectfully requests reconsideration of this application and the timely allowance of the pending claims.

This amendment accompanies a request for a three month extension of time in the amount of $592 (small), the fee for which is being paid at the time of filing of this response. Please grant any extensions of time required to enter this response and charge any additional required fees to Deposit Account 506801.

Respectfully submitted,

Goodhue, Coleman & Owens, P.C.

Dated: July 3, 2024

By: /Brian D. Owens/
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ELECTRONIC PAYMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	07/03/2024 05:01:17 PM Z ET	DHP-P0001CIP3

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	66236166	AUTHORIZED BY	Brian Owens
CUSTOMER #	133690	FILING DATE	11/06/2023
CORRESPONDENCE ADDRESS	-	FIRST NAMED INVENTOR	Nathaniel T. Bradley

Payment Information

PAYMENT METHOD	PAYMENT TRANSACTION ID	PAYMENT AUTHORIZED BY
DA / 506801	E202473H01545607	Ashlyn Nguyen

FEE CODE	DESCRIPTION	ITEM PRICE($)	QUANTITY	ITEM TOTAL($)
2253	EXTENSION FOR RESPONSE WITHIN THIRD MONTH -	592.00	1	592.00
			TOTAL AMOUNT:	$592.00

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New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

PTO/SB/06 (09-11)
Approved for use through 1/31/2014. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875	Application or Docket Number 18/502,813	Filing Date 11/06/2023	☐ To be Mailed

ENTITY: ☐ LARGE ☑ SMALL ☐ MICRO

APPLICATION AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA		RATE ($)	FEE ($)
☐ BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A		N/A	
☐ SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A		N/A	
☐ EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*		x $40 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*		x $ 192 =	
☐ APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $310 ($155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
☐ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	

APPLICATION AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT	07/03/2024	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	* 20	Minus	** 20	= 0		x $40 =	0
	Independent (37 CFR 1.16(h))	* 3	Minus	*** 3	= 0		x $ 192 =	0
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	0

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ($)	ADDITIONAL FEE ($)
	Total (37 CFR 1.16(i))	*	Minus	**	=		x $ 0 =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=		x $ 0 =	
	☐ Application Size Fee (37 CFR 1.16(s))							
	☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
							TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	Program Support Asistant
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".	/DIANIECE M JACOBS/
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/08a (01-22)
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Not for submission under 37 CFR 1.99)

Application Number	18502813
Filing Date	2023-11-06
First Named Inventor	Nathaniel T. Bradley
Art Unit	2156
Examiner Name	Christopher J RAAB
Attorney Docket Number	DHP-P0001CIP3

U.S.PATENTS Remove

Examiner Initial*	Cite No	Patent Number	Kind Code[1]	Issue Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines where Relevant Passages or Relevant Figures Appear
	1					

If you wish to add additional U.S. Patent citation information please click the Add button. Add

U.S.PATENT APPLICATION PUBLICATIONS Remove

Examiner Initial*	Cite No	Publication Number	Kind Code[1]	Publication Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines where Relevant Passages or Relevant Figures Appear
	1					

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Examiner Initial*	Cite No	Foreign Document Number[3]	Country Code[2] i	Kind Code[4]	Publication Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines where Relevant Passages or Relevant Figures Appear	T[5]
	1							☐

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NON-PATENT LITERATURE DOCUMENTS Remove

Examiner Initials*	Cite No	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc), date, pages(s), volume-issue number(s), publisher, city and/or country where published.	T[5]

INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)		
	Application Number	18502813
	Filing Date	2023-11-06
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	2156
	Examiner Name	Christopher J RAAB
	Attorney Docket Number	DHP-P0001CIP3

	1	Petition for Inter Partes Review Under 35U.S.C. §312, TALADOC HEALTH INC., V. DATA HEALTH PARTNERS, INC., CASE IPR2024-00616, Patent 11,144,554 B2. February 28, 2024. 89 pages.	☒
	2	Petition for Inter Partes Review Under 35U.S.C. §312, TALADOC HEALTH INC., V. DATA HEALTH PARTNERS, INC., CASE IPR2024-00617, Patent 11,151,142 B2. March 1, 2024. 87 pages.	☒
	3	Petition for Inter Partes Review Under 35U.S.C. §312, TALADOC HEALTH INC., V. DATA HEALTH PARTNERS, INC., CASE IPR2024-00618, Patent 10,061,812 B2. February 29, 2024. 87 pages.	☒

If you wish to add additional non-patent literature document citation information please click the Add button Add

EXAMINER SIGNATURE

Examiner Signature		Date Considered	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through a citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

[1] See Kind Codes of USPTO Patent Documents at www.USPTO.GOV or MPEP 901.04. [2] Enter office that issued the document, by the two-letter code (WIPO Standard ST.3). [3] For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. [4] Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. [5] Applicant is to place a check mark here if English language translation is attached.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Not for submission under 37 CFR 1.99)

Application Number	18502813
Filing Date	2023-11-06
First Named Inventor	Nathaniel T. Bradley
Art Unit	2156
Examiner Name	Christopher J RAAB
Attorney Docket Number	DHP-P0001CIP3

CERTIFICATION STATEMENT

Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):

☐ That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(1).

OR

☐ That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(2).

☐ See attached certification statement.

☒ The fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

☒ A certification statement is not submitted herewith.

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Brian D. Owens/	Date (YYYY-MM-DD)	2024-03-27
Name/Print	Brian Dean Owens	Registration Number	55517

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether the Freedom of Information Act requires disclosure of these record s.

2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.

4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.

6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).

7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspections or an issued patent.

9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

UNITED STATES
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P.O. Box 1450
Alexandria, VA 22313 - 1450
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ELECTRONIC ACKNOWLEDGEMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**03/27/2024 05:36:39 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	64863926	FILING DATE	11/06/2023
CUSTOMER #	133690	FIRST NAMED INVENTOR	Nathaniel T. Bradley
CORRESPONDENCE ADDRESS	-	AUTHORIZED BY	Brian Owens

Documents

TOTAL DOCUMENTS: 4

DOCUMENT	PAGES	DESCRIPTION	SIZE (KB)
DHP-P0001CIP3_18502813_FILED-SUPPLEMENTAL-IDS.pdf	4	Information Disclosure Statement (IDS) Form (SB08)	1252 KB
142-Petition-size-reduce.pdf	87	Non Patent Literature	14664 KB
554-Petition-size-reduce.pdf	89	Non Patent Literature	15198 KB
812-Petition-size-reduce.pdf	87	Non Patent Literature	13792 KB

Digest

DOCUMENT	MESSAGE DIGEST(SHA-512)
DHP-P0001CIP3_18502813_FILED-	26479402270A1F8C31B875248AD3F52EA6D5A035E6B64E1B2A9774A53900781761A032FBFB0E7DEDC6256EA3629A6AEE55

SUPPLEMENTAL-IDS.pdf	787D7DE0A7F4A090D65646DC087C5A
142-Petition-size-reduce.pdf	2CE5A25321F8E86BE9D449D360F00C5E51CDB448BA019E044F836CA8C656DCA7AC9A9A0769485A3E5B76CE1710BA9770ADC40D007B59AD2A8EB8F83BF5D93712
554-Petition-size-reduce.pdf	B40F65A21C9E95E236983F70380A2D0824F1A542A6EDC0E8603FA134EB6F5C702FAA8C8E25E431D4AE70B4DA09DECE35874A6F617BB769A419E41F611BBFE0B5
812-Petition-size-reduce.pdf	4965522B341841C601E52DDC291EA6B3551CF79B34551F6764F08B69E55CBD3DE521E28DEAF472E3B9B21CE4890B20E67E9C7676FD1E87ADFD290A8D5BCC8600

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New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

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ELECTRONIC PAYMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**03/27/2024 05:36:39 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	64863926	AUTHORIZED BY	Brian Owens
CUSTOMER #	133690	FILING DATE	11/06/2023
CORRESPONDENCE ADDRESS	-	FIRST NAMED INVENTOR	Nathaniel T. Bradley

Payment Information

PAYMENT METHOD	PAYMENT TRANSACTION ID	PAYMENT AUTHORIZED BY
DA / 506801	**E20243QH36566202**	**Ashlyn Nguyen**

FEE CODE	DESCRIPTION	ITEM PRICE($)	QUANTITY	ITEM TOTAL($)
2806	SUBMISSION OF AN INFORMATION DISCLOSURE STATEMENT	104.00	1	104.00
			TOTAL AMOUNT:	**$104.00**

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New International Application Filed with the USPTO as a Receiving Office

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UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
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APPLICATION NUMBER	FILING OR 371(C) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
18/502,813	11/06/2023	Nathaniel T. Bradley	DHP-P0001CIP3

CONFIRMATION NO. 6886

133690
Goodhue, Coleman & Owens, P.C.
7300 Westown Parkway, Box 13
West Des Moines, IA 50266

PUBLICATION NOTICE

OC000000069322193

Date Mailed: 03/07/2024

Title:SYSTEM AND METHOD FOR ACHIEVING GOALS

Publication No.US-2024-0078238-A1
Publication Date:03/07/2024

NOTICE OF PUBLICATION OF APPLICATION

The above-identified application will be electronically published as a patent application publication pursuant to 37 CFR 1.211, et seq. The patent application publication number and publication date are set forth above.

The publication may be accessed through the USPTO's publically available Searchable Databases via the Internet at www.uspto.gov. The direct link to access the publication is currently http://www.uspto.gov/patft/.

The publication process established by the Office does not provide for mailing a copy of the publication to applicant. A copy of the publication may be obtained from the Office upon payment of the appropriate fee set forth in 37 CFR 1.19(a)(1). Orders for copies of patent application publications are handled by the USPTO's Public Records Division. The Public Records Division can be reached by telephone at (571) 272-3150 or (800) 972-6382, by facsimile at (571) 273-3250, by mail addressed to the United States Patent and Trademark Office, Public Records Division, Alexandria, VA 22313-1450 or via the Internet.

In addition, information on the status of the application, including the mailing date of Office actions and the dates of receipt of correspondence filed in the Office, may also be accessed via the Internet through the Patent Electronic Business Center at www.uspto.gov using the public side of the Patent Application Information and Retrieval (PAIR) system. The direct link to access this status information is currently https://portal.uspto.gov/pair/PublicPair. Prior to publication, such status information is confidential and may only be obtained by applicant using the private side of PAIR.

Further assistance in electronically accessing the publication, or about PAIR, is available by calling the Patent Electronic Business Center at 1-866-217-9197.

Office of Data Managment, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101

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UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
18/502,813	11/06/2023	Nathaniel T. Bradley	DHP-P0001CIP3	6886

133690 7590 01/05/2024

Goodhue, Coleman & Owens, P.C.
12951 University Ave
Suite 201
Clive, IA 50325

EXAMINER	
RAAB, CHRISTOPHER J	

ART UNIT	PAPER NUMBER
2156	

NOTIFICATION DATE	DELIVERY MODE
01/05/2024	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

USPTO@dockettrak.com
docketing@goodhue.com
eofficeaction@appcoll.com

Office Action Summary	Application No. 18/502,813	Applicant(s) Bradley et al.	
	Examiner CHRISTOPHER J RAAB	Art Unit 2156	AIA (FITF) Status No

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTHS FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☑ Responsive to communication(s) filed on 11/06/2023.

☐ A declaration(s)/affidavit(s) under **37 CFR 1.130(b)** was/were filed on _____.

2a)☐ This action is **FINAL.** 2b) ☑ This action is non-final.

3)☐ An election was made by the applicant in response to a restriction requirement set forth during the interview on _____; the restriction requirement and election have been incorporated into this action.

4)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims*

5) ☑ Claim(s) 1-20 is/are pending in the application.

5a) Of the above claim(s) _____ is/are withdrawn from consideration.

6) ☐ Claim(s) _____ is/are allowed.

7) ☑ Claim(s) 1-20 is/are rejected.

8) ☐ Claim(s) _____ is/are objected to.

9) ☐ Claim(s) _____ are subject to restriction and/or election requirement

* If any claims have been determined allowable, you may be eligible to benefit from the **Patent Prosecution Highway** program at a participating intellectual property office for the corresponding application. For more information, please see http://www.uspto.gov/patents/init_events/pph/index.jsp or send an inquiry to **PPHfeedback@uspto.gov.**

Application Papers

10)☐ The specification is objected to by the Examiner.

11)☑ The drawing(s) filed on 11/06/2023 is/are: a)☑ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

Certified copies:

a)☐ All b)☐ Some** c)☐ None of the:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

** See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☑ Notice of References Cited (PTO-892)

2) ☑ Information Disclosure Statement(s) (PTO/SB/08a and/or PTO/SB/08b) Paper No(s)/Mail Date _____.

3) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date _____.

4) ☐ Other: _____.

DETAILED ACTION

Notice of Pre-AIA or AIA Status

01. The present application is being examined under the pre-AIA first to invent provisions.

Information Disclosure Statement

02. The information disclosure statement (IDS) filed on **11/06/2023** has been considered by the examiner and made of record in the application file.

Priority

03. Applicant's claim for domestic priority under 35 U.S.C. 119(e) is acknowledged.

Drawings

04. The drawings were received on **11/06/2023**. These drawings are accepted.

Double Patenting

05. The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the claims at issue are not identical, but at least one examined application claim is not patentably distinct from the

reference claim(s) because the examined application claim is either anticipated by, or would have been obvious over, the reference claim(s). See, e.g., In re Berg, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); In re Goodman, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); In re Longi, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); In re Van Ornum, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); In re Vogel, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and In re Thorington, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the reference application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement. See MPEP § 717.02 for applications subject to examination under the first inventor to file provisions of the AIA as explained in MPEP § 2159. See MPEP §§ 706.02(l)(1) - 706.02(l)(3) for applications not subject to examination under the first inventor to file provisions of the AIA. A terminal disclaimer must be signed in compliance with 37 CFR 1.321(b).

The USPTO Internet website contains terminal disclaimer forms which may be used. Please visit www.uspto.gov/forms/. The filing date of the application in which the form is filed determines what form (e.g., PTO/SB/25, PTO/SB/26, PTO/AIA/25, or PTO/AIA/26) should be used. A web-based eTerminal Disclaimer may be filled out completely online using web-screens. An eTerminal Disclaimer that meets all requirements is auto-processed and approved immediately upon submission. For more

information about eTerminal Disclaimers, refer to

http://www.uspto.gov/patents/process/file/efs/guidance/eTD-info-I.jsp.

06. **Claims 1 – 20** are rejected on the ground of nonstatutory double patenting over claims 1 – 20 of prior U.S. Patent No. 11,809,431. The subject matter claimed in the instant application is fully disclosed in the referenced patent. The instant application recites a broader version of the claims recited in 11,809,431, and it is deemed an obvious variation or simplification of the prior patent. The only claim limitation in the instant application that varies slightly is the "automatically capturing data" step, though this appears to just be a continuation/combination of the following claim limitation in the prior patent that recites that the data includes weight data or provider data. All of the claimed limitations in the instant application are either broader versions or minor variations of wording of the claim's limitations in the prior patent, as outlined in the table below with respect to claim 1:

Application 18/502,813	**Patent 11,809,431**
1. A method for tracking progression toward goals, the method comprising: receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;	1. A method for tracking progression toward goals, the method comprising: receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;

assigning each of the one or more clients to an account;	assigning the one or more clients to one or more providers, wherein the one or more providers include at least one or more individuals available to treat or assist the one or more clients;
create a baseline associated with each of the one or more clients;	creating a baseline associated with the one or more clients;
establishing goals for each of the one or more clients;	setting one or more goals for each of the one or more clients;
automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients;	
compiling data associated with each of the one or more clients from one or monitoring devices;	compiling data associated with the one or more clients over time, wherein the data includes at least one of weight data and provider data;

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;	storing the compiled data associated with the one or more clients in a server available through one or more networks;
determining whether the goals are being met in response to thresholds for the compiled data; and	determining, for each goal of the one or more goals, a series of thresholds that represents progress towards the goal; determining whether progress towards each goal is being achieved by comparing the series of thresholds that represents progress towards the goal against the compiled data and the baseline for the compiled data; and
automatically communicating alerts in response to the compiled data varying from a threshold to become significant for one of the one or more clients.	automatically communicating alerts in response to the compiled data varying from one or more of the series of thresholds to become significant for one of the one or more clients.

Claim Rejections - 35 USC § 103

07. In the event the determination of the status of the application as subject to AIA 35 U.S.C. 102 and 103 (or as subject to pre-AIA 35 U.S.C. 102 and 103) is incorrect, any correction of the statutory basis for the rejection will not be considered a new ground of rejection if the prior art relied upon, and the rationale supporting the rejection, would be the same under either status.

08. The following is a quotation of 35 U.S.C. 103 which forms the basis for all obviousness rejections set forth in this Office action:

> A patent for a claimed invention may not be obtained, notwithstanding that the claimed invention is not identically disclosed as set forth in section 102 of this title, if the differences between the claimed invention and the prior art are such that the claimed invention as a whole would have been obvious before the effective filing date of the claimed invention to a person having ordinary skill in the art to which the claimed invention pertains. Patentability shall not be negated by the manner in which the invention was made.

09. **Claims 1 – 20** are rejected under 35 U.S.C. 103 as being unpatentable over **Luttrell (US PGPub 2003/0004758)**, in view of **Shaanan et al. (US PGPub 2015/0205930)**, hereinafter "Shaanan".

Consider **claim 1**, Luttrell discloses a method for tracking progression toward goals, the method comprising:

receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance (paragraphs [0003], [0014], [0019], providers treat patients, such that there are records for the patient data);

assigning each of the one or more clients to an account (paragraphs [0051], [0054], the patients are assigned to particular providers based on information input into the system);

create a baseline associated with each of the one or more clients (paragraphs [0003], [0026], [0027], data fields are created that store the data for the patient associated with the treatment);

establishing goals for each of the one or more clients (paragraphs [0027], [0048], goals are identified for the patients, which can be based on the patient data and the treatment received);

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients (paragraph [0058], data is obtained by utilizing components that obtain data from the clients);

compiling data associated with each of the one or more clients from one or more monitoring devices (paragraph [0058], the data received by the providers is associated with the patients, and is compiled for the system);

storing the compiled data associated with each of the one or more clients in a server available through one or more networks (paragraphs [0003], [0014], [0019], the records are stored on and accessible through a network);

determining whether the goals are being met in response to [thresholds] for the compiled data (paragraphs [0019], [0048], progress towards the goals is tracked, which is based on the patient data in the system);

automatically communicating alerts in response to the compiled data varying [from a threshold] to become significant for one or more of the one or more clients (paragraphs [0003], [0026], [0057], reports are automatically generated and sent out based on various factors, such as progress towards goals being satisfied).

However, Luttrell does not specifically mention that a threshold is set for the data varying in order to communicate the alert.

In the same field of endeavor, Shaanan discloses a method comprising:

the compiled data varying from a threshold to become significant (paragraphs [0058], [0070], thresholds are monitored for patient goals, such that alerts and goal determination can be based on thresholds being met or not met).

Therefore it would have been obvious to one of ordinary skill in the art before the effective filing date of the invention to incorporate the thresholds for data taught by Shaanan into the tracking of goal progression taught by Luttrell for the purpose of allowing additional data reporting options which can be used to determine the state of a patient that may need assistance.

Consider **claim 2**, and **as applied to claim 1 above**, Luttrell discloses a method comprising:

the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices (paragraphs [0003], [0019], goals are established that include functions, activities, and what is to be expected from progress on the goal, which can be provided by the client or obtained from the client).

Consider **claim 3**, and **as applied to claim 1 above**, Luttrell discloses a method comprising:

the input is utilized to establish accounts associated with each of the one or more clients (paragraphs [0003], [0014], accounts are established for the patients).

Consider **claim 4**, and **as applied to claim 1 above**, Luttrell discloses a method comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated (paragraphs [0021], [0056], interventions are performed on the patients in response to the alerts).

Consider **claim 5**, and **as applied to claim 1 above**, Luttrell discloses a method comprising:

the server is accessed through a cloud network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals (paragraphs [0005], [0024], [0026], [0037], [0039], the server is accessed through a cloud network, wherein various types of networks are utilized to transmit input from the providers for the clients).

Consider **claim 6**, and **as applied to claim 1 above**, Luttrell discloses a method comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients (paragraphs [0003], [0019], goals are established that include functions, activities, and what is to be expected from progress on the goal).

Consider **claim 7**, and **as applied to claim 1 above**, Luttrell discloses a method comprising:

each of the goals is associated with a plan of action for achieving each of the goals (paragraphs [0021], [0027], plans are established for the goals, which include a way of achieving the goals).

Consider **claim 8**, and **as applied to claim 1 above**, Luttrell discloses a method comprising:

recommending goals to the one or more clients and the one or more providers in response to receiving the input (paragraphs [0021], [0027], the goals are provided to the patients and providers, so that they can be monitored).

Consider **claim 9**, and **as applied to claim 1 above**, Luttrell discloses a method comprising:

modifying the goals in response to the complied data varying from the baseline to become significant (paragraphs [0021], [0027], the goals can be changed or updated based on the different data supplied to the system).

Consider **claim 10**, and **as applied to claim 8 above**, Luttrell discloses a method comprising:

modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients (paragraphs [0026], [0029], progress made towards the goals by the patients is analyzed, which may trigger the need to change the goals).

Consider **claim 11**, Luttrell discloses a system for tracking progression toward goals, the system comprising:

receive input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance (paragraphs [0003], [0014], [0019], providers treat patients, such that there are records for the patient data);

assign each of the one or more clients to an account (paragraphs [0051], [0054], the patients are assigned to particular providers based on information input into the system);

create a baseline associated with each of the one or more clients (paragraphs [0003], [0026], [0027], data fields are created that store the data for the patient associated with the treatment);

set goals for the client (paragraphs [0027], [0048], goals are identified for the patients, which can be based on the patient data and the treatment received);

compile data associated with each of the one or more clients from one or more monitoring devices (paragraph [0058], the data received by the providers is associated with the patients, and is compiled for the system);

store the compiled data associated with each of the one or more clients in a server available through one or more networks (paragraphs [0003], [0014], [0019], the records are stored on and accessible through a network);

determine whether the goals are being met in response to [thresholds] for the compiled data (paragraphs [0019], [0048], progress towards the goals is tracked, which is based on the patient data in the system);

automatically communicate alerts in response to the compiled data varying [from a threshold] to become significant for one or more of the one or more clients (paragraphs [0003], [0026], [0057], reports are automatically generated and sent out based on various factors, such as progress towards goals being satisfied).

However, Luttrell does not specifically mention that a threshold is set for the data varying in order to communicate the alert.

In the same field of endeavor, Shaanan discloses a system comprising:

the compiled data varying from a threshold to become significant (paragraphs [0058], [0070], thresholds are monitored for patient goals, such that alerts and goal determination can be based on thresholds being met or not met).

Therefore it would have been obvious to one of ordinary skill in the art before the effective filing date of the invention to incorporate the thresholds for data taught by Shaanan into the tracking of goal progression taught by Luttrell for the purpose of allowing additional data reporting options which can be used to determine the state of a patient that may need assistance.

Consider **claim 12**, and **as applied to claim 11 above**, Luttrell discloses a system comprising:

the baseline further performs an assessment of the clients to determine the baseline associated with the client (paragraphs [0003], [0019], goals are established that include functions, activities, and what is to be expected from progress on the goal).

Consider **claim 13**, and **as applied to claim 11 above**, Luttrell discloses a system comprising:

the alerts indicate that an intervention with the client is required (paragraphs [0021], [0056], interventions are performed on the patients).

Consider **claim 14**, and **as applied to claim 11 above**, Luttrell discloses a system comprising:

each of the goals is associated with a plan of action for achieving each of the goals (paragraphs [0021], [0027], plans are established for the goals, which include a way of achieving the goals).

Consider **claim 15**, and **as applied to claim 11 above**, Luttrell discloses a system comprising:

the goals are established by the client and the one or more providers (paragraphs [0021], [0027], the goals are provided to the patients and providers, so that they can be monitored).

Consider **claim 16**, and **as applied to claim 11 above**, Luttrell discloses a system comprising:

recommend goals to the client and the one or more providers in response to receiving the input (paragraphs [0021], [0027], the goals are provided to the patients and providers, so that they can be monitored).

Consider **claim 17**, Luttrell discloses a server comprising:

receive input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance (paragraphs [0003], [0014], [0019], providers treat patients, such that there are records for the patient data);

assign each of the one or more clients to an account (paragraphs [0051], [0054], the patients are assigned to particular providers based on information input into the system);

create a baseline associated with each of the one or more clients (paragraphs [0003], [0026], [0027], data fields are created that store the data for the patient associated with the treatment);

establish goals for each of the one or more clients (paragraphs [0027], [0048], goals are identified for the patients, which can be based on the patient data and the treatment received);

compile data associated with each of the one or more clients from one or more monitoring devices (paragraph [0058], the data received by the providers is associated with the patients, and is compiled for the system);

store the compiled data associated with each of the one or more clients in a server available through one or more networks (paragraphs [0003], [0014], [0019], the records are stored on and accessible through a network);

determine whether the goals are being met in response to [thresholds] for the compiled data (paragraphs [0019], [0048], progress towards the goals is tracked, which is based on the patient data in the system);

automatically communicate alerts in response to the compiled data varying [from a threshold] to become significant for one or more of the one or more clients (paragraphs [0003], [0026], [0057], reports are automatically generated and sent out based on various factors, such as progress towards goals being satisfied).

However, Luttrell does not specifically mention that a threshold is set for the data varying in order to communicate the alert.

In the same field of endeavor, Shaanan discloses a server comprising:

the compiled data varying from a threshold to become significant (paragraphs [0058], [0070], thresholds are monitored for patient goals, such that alerts and goal determination can be based on thresholds being met or not met).

Therefore it would have been obvious to one of ordinary skill in the art before the effective filing date of the invention to incorporate the thresholds for data taught by Shaanan into the tracking of goal progression taught by Luttrell for the purpose of

allowing additional data reporting options which can be used to determine the state of a patient that may need assistance.

Consider **claim 18**, and **as applied to claim 17 above**, Luttrell discloses a server comprising:

physically intervene with the one or more of the clients in response to the alerts, wherein the physical intervention is performed by the one or more providers (paragraphs [0021], [0056], interventions are performed on the patients).

Consider **claim 19**, and **as applied to claim 17 above**, Luttrell discloses a server comprising:

each of the one or more goals is associated with a plan of action for achieving each of the one or more goals (paragraphs [0021], [0027], plans are established for the goals, which include a way of achieving the goals), and wherein the one or more goals are established by the client and the one or more providers utilizing the baseline (paragraphs [0021], [0027], the goals are provided to the patients and providers, so that they can be monitored).

Consider **claim 20**, and **as applied to claim 17 above**, Luttrell discloses a server comprising:

the one or more goals are not met if the complied data varies from the baseline to become significant (paragraphs [0021], [0027], the goals are provided to the patients and providers, so that they can be monitored).

Relevant Prior Art Directed to State of Art

10. Metzler (US PGPub 2011/0047404) discloses a method of determining a user's state, such that the behavior and actions of the user are used to determine the user's condition, which allows for others to be alerted if the user is determined to be in a state which may require intervention or help.

Conclusion

11. Any response to this Office Action should be **faxed to** (571) 273-8300 **or mailed to**:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Hand-delivered responses should be brought to

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314

12. Any inquiry concerning this communication or earlier communications from the Examiner should be directed to Christopher Raab whose telephone number is (571) 270-1090. The Examiner can normally be reached on Monday-Friday from 9:00am to 5:00pm.

If attempts to reach the Examiner by telephone are unsuccessful, the Examiner's supervisor, Ajay Bhatia can be reached on (571) 272-3906. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free) or 703-305-3028.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist/customer service whose telephone number is (571) 272-2600.

/CHRISTOPHER J RAAB/
Primary Examiner, Art Unit 2156

December 30, 2023

Notice of References Cited	Application/Control No. 18/502,813	Applicant(s)/Patent Under Reexamination Bradley et al.	
	Examiner CHRISTOPHER J RAAB	Art Unit 2156	Page 1 of 1

U.S. PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date YYYY-MM-DD	Name	CPC Classification	US Classification
*	A	US-20030004758-A1	2003-01-02	Luttrell, Tammy C.	G06Q40/08	705/2
*	B	US-20150205930-A1	2015-07-23	Shaanan; Jessica	G06Q10/00	705/2
*	C	US-20110029521-A1	2011-02-03	Thayne; Preston	G06F16/90	707/E17.03
*	D	US-20110047404-A1	2011-02-24	Metzler; David	G16H50/20	714/2
*	E	US-20090192825-A1	2009-07-30	Hunt; Jacquelyn Suzanne	G06Q30/0201	707/E17.014
	F					
	G					
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	J					
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	L					
	M					

FOREIGN PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date YYYY-MM-DD	Country	Name	CPC Classification
	N					
	O					
	P					
	Q					
	R					
	S					
	T					

NON-PATENT DOCUMENTS

*		Include as applicable: Author, Title Date, Publisher, Edition or Volume, Pertinent Pages)
	U	
	V	
	W	
	X	

*A copy of this reference is not being furnished with this Office action. (See MPEP § 707.05(a).)
Dates in YYYY-MM-DD format are publication dates. Classifications may be US or foreign.

Index of Claims	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

CLAIMS

☐ Claims renumbered in the same order as presented by applicant ☐ CPA ☐ T.D. ☐ R.1.47

CLAIM		DATE								
Final	Original	12/30/2023								
	1	✓								
	2	✓								
	3	✓								
	4	✓								
	5	✓								
	6	✓								
	7	✓								
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	14	✓								
	15	✓								
	16	✓								
	17	✓								
	18	✓								
	19	✓								
	20	✓								

Search Notes	Application/Control No.	Applicant(s)/Patent Under Reexamination
	18/502,813	Bradley et al.
	Examiner	Art Unit
	CHRISTOPHER J RAAB	2156

CPC - Searched*		
Symbol	Date	Examiner
G06Q10/06, limited keyword search	12/30/2023	CJR
G06Q10/0637, limited keyword search	12/30/2023	CJR

CPC Combination Sets - Searched*		
Symbol	Date	Examiner

US Classification - Searched*			
Class	Subclass	Date	Examiner

* See search history printout included with this form or the SEARCH NOTES box below to determine the scope of the search.

Search Notes		
Search Notes	Date	Examiner
PE2E search (see attached search strategy)	12/30/2023	CJR
Inventor name search	12/30/2023	CJR
NPL search: Google Scholar	12/30/2023	CJR

Interference Search			
US Class/CPC Symbol	US Subclass/CPC Group	Date	Examiner

/CHRISTOPHER J RAAB/ Primary Examiner, Art Unit 2156	

PE2E SEARCH - Search History (Prior Art)

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	British Equivalents	Time Stamp
L1	2	("20110047404").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 01:24 PM
L2	10	("20090112924"|"20090192825"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:00 PM
L3	3130	account WITH client WITH provider	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L4	77	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L5	41	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L6	1	intensive trial teaching	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:01 PM
L7	1	reinforcement recorder	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:06 PM
L8	864	goal WITH achiev$5 WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:24 PM
L9	3158	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L10	1117	L9 AND goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L11	78	L9 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L12	23	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:25 PM
L13	6	Macrosolve$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:30 PM
L14	84	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2015/12/01 02:30 PM
L15	1753	alert WITH automatic$6 WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2016/07/08 04:34 PM
L16	540	alert NEAR5 automatic$6 NEAR5 threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2016/07/08 04:34 PM

L17	1110	(compile OR compiling OR compiled) WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:37 PM
L18	27	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:37 PM
L19	18	(compile OR compiling OR compiled) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:39 PM
L20	126	(score OR status) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:41 PM
L21	441	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 09:49 PM
L22	352	status WITH automatic$ WITH (score OR compile OR compiling OR scoring)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/01/08 10:01 PM
L23	1161	score WITH client WITH (threshold OR status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:20 PM
L24	125	well-being WITH client	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L25	385	well-being WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L26	0	well-being WITH client WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2017/07/09 10:21 PM
L27	90	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 11:11 AM
L28	1	"61791218"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 11:24 AM
L29	1	"15301419"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/02/27 01:30 PM
L30	55	client management program	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/03/19 10:14 AM
L31	2008	administrator SAME (client WITH provider)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/03/19 10:14 AM
L33	2	("7346545").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/04/12 02:12 PM
L34	2710	(track OR tracked OR tracking) NEAR2 goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:10 PM

L35	71	((track OR tracked OR tracking) NEAR2 goal) WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:10 PM
L36	44	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:20 PM
L37	77	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/04/15 03:23 PM
L38	90	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:37 PM
L39	4499	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:37 PM
L40	6	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2018/06/22 04:40 PM
L41	24	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:40 PM
L42	714	score WITH measurement WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:40 PM
L43	39585	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2018/06/22 04:44 PM
L54	4	("10061812").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2019/12/23 01:57 PM
L55	13	("20020065697"|"20020147626"|"20020194046"|"20080141138"|"20080281651"|"20090112924"|"20090192825"|"20100082381"|"20110029521"|"20110047404"|"813433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2019/12/23 02:26 PM
L56	27	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:29 PM
L57	1695	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:30 PM
L58	5898	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L59	46154	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2019/12/23 02:31 PM

			DERWENT; IBM_TDB)				
L60	9	L57 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L61	100	L58 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L62	647	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:31 PM
L63	87	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L64	9	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2019/12/23 02:32 PM
L65	101	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L66	4	L57 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L67	4	L58 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:32 PM
L68	4	L57 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L69	5	L58 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L70	4	L57 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L71	4	L58 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2019/12/23 02:33 PM
L72	2	"16053141"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/23 03:16 PM
L73	191357	field WITH (treatment OR assistance)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/24 10:31 AM
L74	363	field WITH (treatment OR assistance) WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/24 02:37 PM
L75	726	(compile OR compiled OR compiling) WITH (client OR patient) WITH (field OR treatment)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/07/24 03:04 PM

L76	11	(("4237344") or ("5377258") or ("20090048872") or ("20110295613")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2020/07/27 02:54 PM
L77	2	("20090048872"|"20110295613").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L78	2	("4237344"|"5377258").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L79	1	("20030004758").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2020/09/29 09:56 AM
L80	1	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L81	0	"Platform for Optimizing Goal Progression".TI.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L82	43	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 10:19 AM
L83	4	("10061812").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2020/09/29 10:20 AM
L84	88	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L85	60	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L86	41	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L87	115	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L88	95	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L89	2189	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:01 AM
L90	11	L89 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:02 AM
L91	4	L89 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:02 AM
L92	4	L89 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2020/09/29 11:02 AM
L93	10482	threshold WITH goal	(US-PGPUB; USPAT;	ADJ	ON	ON	2021/04/08

			EPO; JPO; DERWENT; IBM_TDB)				09:23 PM
L94	714	threshold WITH goal WITH (plan OR met)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:23 PM
L95	43	threshold WITH goal WITH (plan OR met) WITH (treatment OR provider OR client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:24 PM
L96	22	threshold WITH goal WITH (plan OR met) WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:28 PM
L97	252	threshold WITH goal WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:46 PM
L98	103	L97 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:46 PM
L99	7	(("20120203092") or ("20080270182") or ("10098584")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2021/04/08 09:52 PM
L100	5	L99 AND threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 09:52 PM
L101	56	(patient OR client) WITH threshold WITH goal WITH (treat$5 OR chang$4 OR modif$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:03 PM
L102	17	L101 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:03 PM
L103	49389	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:05 PM
L104	6924	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:05 PM
L105	297	(L103 OR L104) AND (threshold WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:06 PM
L106	204	L105 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:06 PM
L107	29	(L103 OR L104) AND ((threshold WITH goal) SAME (patient OR client))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:08 PM
L108	9	L107 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/04/08 10:08 PM
L109	364	(treatment OR evaluation) WITH (goal) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:39 PM

L110	10	(client OR patient) WITH goal WITH threshold WITH progress$4	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:43 PM
L111	1708	(client OR patient) WITH goal WITH (threshold OR progress$4)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:43 PM
L112	902	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:45 PM
L113	362	L112 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:46 PM
L114	238	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4)) WITH (treatment OR assistance OR modify$4 OR plan)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:53 PM
L115	84	L114 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 01:53 PM
L116	327	(client OR patient) WITH goal WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:03 PM
L117	121	(client OR patient) WITH goal WITH (progress$4 OR threshold) WITH (modif$5 OR chang$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:03 PM
L118	1	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 02:27 PM
L119	327	(patient OR client) WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 07:35 PM
L120	153	L119 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/07/21 07:44 PM
L121	50097	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2021/08/12 02:27 PM
L122	2	("8066640").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2021/08/12 02:36 PM
L133	252	patient WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:43 PM
L134	3051	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2022/02/25 09:50 PM

			DERWENT; IBM_TDB)				
L135	51231	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L136	7790	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L137	30	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L138	136	L134 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L139	1130	L135 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L140	292	L136 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:50 PM
L141	13	L136 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L142	94	L135 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L143	13	L134 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L144	60	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L145	62	Gaynor, James.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:51 PM
L146	41	Paugh, Joshua.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:52 PM
L147	5	Arena, Paul.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/02/25 09:52 PM
L148	2	("20090192825").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2022/02/25 09:53 PM
L149	4	("11144554").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2022/02/25 10:10 PM
L151	972	(client OR patient) WITH baseline WITH goal	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU,	ADJ	ON	ON	2022/07/25 11:43 AM

			CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L152	73	((client OR patient) WITH baseline WITH goal) SAME threshold	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L153	154	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2022/07/25 11:43 AM
L154	57	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2022/07/25 11:43 AM
L155	61	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/01/13 08:53 PM
L157	139	(client OR patient) WITH goal WITH biometric	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB,	OR	ON	ON	2023/01/13 08:53 PM

			HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L158	633	goal WITH threshold WITH rule	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/03/24 02:04 PM
L159	23	(client OR patient) WITH goal WITH threshold WITH rule	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/03/24 02:05 PM
L160	6	"17546594"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/06/12 02:15 PM
L161	2	("20110047404").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L162	10	("20090112924"|"20090192825"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L163	8062	account WITH client WITH provider	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L164	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

			DERWENT; IBM_TDB)				
L165	67	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L166	11	intensive trial teaching	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L167	11	reinforcement recorder	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L168	2046	goal WITH achiev$5 WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L169	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L170	2236	L9 AND goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L171	162	L9 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L172	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L173	6	Macrosolve$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L174	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L175	5501	alert WITH automatic$6 WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L176	1438	alert NEAR5 automatic$6 NEAR5 threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L177	2159	(compile OR compiling OR compiled) WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L178	58	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L179	55	(compile OR compiling OR compiled) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L180	390	(score OR status) WITH "without user input"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L181	1084	(status) WITH automatic$ WITH user	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

		input	DERWENT; IBM_TDB)				
L182	939	status WITH automatic$ WITH (score OR compile OR compiling OR scoring)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L183	4120	score WITH client WITH (threshold OR status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L184	256	well-being WITH client	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L185	1059	well-being WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L186	22	well-being WITH client WITH score	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L187	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L188	11	"61791218"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L189	3	"15301419"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L190	71	client management program	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L191	3950	administrator SAME (client WITH provider)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L192	3	("7346545").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L193	5047	(track OR tracked OR tracking) NEAR2 goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L194	141	((track OR tracked OR tracking) NEAR2 goal) WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L195	97	((track OR tracked OR tracking) NEAR2 goal) SAME (behavioral OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L196	203	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L197	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L198	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L199	23	(administrator SAME (client WITH provider)) AND ((score OR mastery) NEAR5 goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L200	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L201	2017	score WITH measurement WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L202	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L203	4	("10061812").PN.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L204	13	("20020065697"|"20020147626"|"20020194046"|"20080141138"|"20080281651"|"20090112924"|"20090192825"|"20100082381"|"20110029521"|"20110047404"|"8313433"|"8355925"|"RE42508").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L205	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L206	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L207	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L208	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L209	31	L57 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L210	162	L58 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L211	1084	(status) WITH automatic$ WITH user input	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L212	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L213	23	(administrator SAME	(US-PGPUB; USPAT;	ADJ	OFF	OFF	2023/12/30

		(client WITH provider)) AND ((score OR mastery) NEAR5 goal)	EPO; JPO; DERWENT; IBM_TDB)				07:58 PM
L214	203	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L215	11	L57 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L216	11	L58 AND goal wizard	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L217	119	L57 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L218	14	L58 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L219	12	L57 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L220	14	L58 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L221	9	"16053141"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L222	364418	field WITH (treatment OR assistance)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L223	520	field WITH (treatment OR assistance) WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L224	995	(compile OR compiled OR compiling) WITH (client OR patient) WITH (field OR treatment)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L225	12	(("4237344") or ("5377258") or ("20090048872") or ("20110295613")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L226	2	("20090048872"|"20110295613").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L227	2	("4237344"|"5377258").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L228	1	("20030004758").PN.	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L229	5	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM

L230	0	"Platform for Optimizing Goal Progression".TI.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L231	92	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L232	4	("10061812").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L233	119	data mining WITH goal WITH status	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L234	67	data mining WITH best practices	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L235	58	(compile OR compiling OR compiled) WITH user input WITH (status OR score)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L236	203	((track OR tracked OR tracking) NEAR2 goal) SAME (provider OR hospital)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L237	96	Grafton$.AS.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L238	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L239	31	L89 AND (goal WITH status)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L240	119	L89 AND (client WITH provider WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L241	12	L89 AND (goal WITH alert WITH client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L242	14276	threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L243	990	threshold WITH goal WITH (plan OR met)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L244	87	threshold WITH goal WITH (plan OR met) WITH (treatment OR provider OR client)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L245	57	threshold WITH goal WITH (plan OR met) WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L246	435	threshold WITH goal WITH (treat$5)	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

			DERWENT; IBM_TDB)				
L247	109	L97 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L248	7	(("20120203092") or ("20080270182") or ("10098584")).PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L249	5	L99 AND threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L250	128	(patient OR client) WITH threshold WITH goal WITH (treat$5 OR chang$4 OR modif$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L251	18	L101 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L252	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L253	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L254	370	(L103 OR L104) AND (threshold WITH goal)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L255	213	L105 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L256	40	(L103 OR L104) AND ((threshold WITH goal) SAME (patient OR client))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L257	10	L107 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L258	576	(treatment OR evaluation) WITH (goal) WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L259	38	(client OR patient) WITH goal WITH threshold WITH progress$4	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L260	2214	(client OR patient) WITH goal WITH (threshold OR progress$4)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L261	1115	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L262	351	L112 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO;	ADJ	ON	ON	2023/12/30 07:58 PM

			DERWENT; IBM_TDB)				
L263	313	(client OR patient) WITH (goal NEAR5 (threshold OR progress$4)) WITH (treatment OR assistance OR modify$4 OR plan)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L264	82	L114 AND @AD<"20130315"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L265	490	(client OR patient) WITH goal WITH threshold	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L266	177	(client OR patient) WITH goal WITH (progress$4 OR threshold) WITH (modif$5 OR chang$5)	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L267	5	"16141471"	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L268	490	(patient OR client) WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L269	158	L119 AND (@AD<"20130315" OR @RLAD<"20130315")	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L270	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L271	2	("8066640").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L272	351	patient WITH threshold WITH goal	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L273	4221	G06F16/2457.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L274	64606	G06Q10/06.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L275	10542	G06Q10/0637.CPC.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L276	35	Marshall, Lisa.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L277	186	L134 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L278	1240	L135 AND (goal WITH	(US-PGPUB; USPAT;	ADJ	ON	ON	2023/12/30

		(status OR progress OR threshold))	EPO; JPO; DERWENT; IBM_TDB)				07:58 PM
L279	359	L136 AND (goal WITH (status OR progress OR threshold))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L280	18	L136 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L281	105	L135 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L282	17	L134 AND ((patient OR client) WITH (threshold) WITH (alert OR goal OR progress$4))	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L283	92	Bradley, Nathaniel.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L284	69	Gaynor, James.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L285	67	Paugh, Joshua.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L286	7	Arena, Paul.INV.	(US-PGPUB; USPAT; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L287	2	("20090192825").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L288	4	("11144554").PN.	(US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB)	ADJ	OFF	OFF	2023/12/30 07:58 PM
L289	1141	(client OR patient) WITH baseline WITH goal	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L290	96	((client OR patient) WITH baseline WITH goal) SAME threshold	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY,	ADJ	ON	ON	2023/12/30 07:58 PM

			CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L291	183	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; FIT (AP, AT, AU, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, MC, MD, MY, NL, NO, NZ, OA, PH, PL, PT, RO, RS, RU, SE, SG, SI, SK, SU, TH, TN, TR, TW, UA, VN, WO); FPRS; EPO; JPO; DERWENT; IBM_TDB)	ADJ	ON	ON	2023/12/30 07:58 PM
L292	67	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/12/30 07:58 PM
L293	67	((client OR patient) NEAR5 baseline NEAR5 goal)	(US-PGPUB; USPAT; USOCR; EPO)	ADJ	ON	ON	2023/12/30 07:58 PM
L294	147	(client OR patient) WITH goal WITH biometric	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/12/30 07:58 PM
L295	688	goal WITH threshold WITH rule	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA,	OR	ON	ON	2023/12/30 07:58 PM

			EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)				
L296	24	(client OR patient) WITH goal WITH threshold WITH rule	(US-PGPUB; USPAT)	ADJ	ON	ON	2023/12/30 07:58 PM
L297	7	"17546594"	(US-PGPUB; USPAT; USOCR; FIT (AU, AP, AT, BE, BG, BR, BY, CA, CH, CN, CS, CU, CZ, DD, DE, DK, EA, EE, EP, ES, FI, FR, GB, HR, HU, ID, IE, IL, IS, IT, JP, KR, LT, LU, LV, MA, OA, RU, SU, WO, MC, MD, MY, NL, NO, NZ, PH, PL, PT, RO, RS, SE, SG, SI, SK, TH, TN, TR, TW, UA, VN); FPRS; EPO; JPO; DERWENT; IBM_TDB)	OR	ON	ON	2023/12/30 07:58 PM

PE2E SEARCH - Search History (Interference)

There are no Interference searches to show.

Doc code: IDS
Doc description: Information Disclosure Statement (IDS) Filed

PTO/SB/08a (01-22)
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Not for submission under 37 CFR 1.99)

Application Number	18/502,813
Filing Date	November 06, 2023
First Named Inventor	Nathaniel T. Bradley
Art Unit	2156
Examiner Name	Christopher Raab
Attorney Docket Number	DHP-P0001CIP3

U.S.PATENTS Remove

Examiner Initial*	Cite No	Patent Number	Kind Code[1]	Issue Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines where Relevant Passages or Relevant Figures Appear
	1	4237344	A	1980-12-02	Moore; John R.	Entire Document
	2	5377258	A	1994-12-27	Bro	Entire Document
	3	8066640	B2	2011-11-29	Angelides	Entire Document
	4	8313433	B2	2012-11-20	Cohen et al.	Entire Document
	5	8355925	B2	2013-01-15	Rothman et al.	Entire Document
	6	RE42508		2011-06-28	Lewis et al.	Entire Document

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	Application Number	
	Filing Date	
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DHP-P0001CIP3

	1	20020065697	A1	2002-05-30	Cautley et al.	Entire Document
	2	20020147626	A1	2002-10-10	Zagotta et al.	Entire Document
	3	20020194046	A1	2002-12-19	Sullivan et al.	Entire Document
	4	20030004758	A1	2003-01-02	Luttrell; Tammy C.	Entire Document
	5	20030014279	A1	2003-01-16	Roman et al.	Entire Document
	6	20080141138	A1	2008-06-12	Kalaboukis et al.	Entire Document
	7	20080270182	A1	2008-10-30	Lowney	Entire Document
	8	20080281651	A1	2008-11-13	Brennan et al.	Entire Document
	9	20090048872	A1	2009-02-19	Toy et al.	Entire Document
	10	20090112924	A1	2009-04-30	Harris et al.	Entire Document
	11	20090192825	A1	2009-07-30	Hunt; Jacquelyn Suzanne	Entire Document

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)		
	Application Number	
	Filing Date	
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DHP-P0001CIP3

	12	20100082381	A1	2010-04-01	Merrifield Jr. et al.	Entire Document
	13	20110029521	A1	2011-02-03	Thayne; Preston	Entire Document
	14	20110047404	A1	2011-02-24	Metzler; David	Entire Document
	15	20110161107	A1	2011-06-30	Goldberg et al.	Entire Document
	16	20110295613	A1	2011-12-01	Coyne; Martin	Entire Document
	17	20120253834	A1	2012-10-04	Tracy; Carrie L.	Entire Document
	18	20130144646	A1	2013-06-06	Loncar; Srdjan	Entire Document
	19	20140372138	A1	2014-12-18	Chari; Ravi S.	Entire Document
	20	20150205930	A1	2015-07-23	Shaanan; Jessica	Entire Document

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)		
	Application Number	
	Filing Date	
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DHP-P0001CIP3

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	1	"International Application No PCT/US2014/029287 International Search Report and Written Opinion", 08/22/2014, 7 pages.	☒

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EXAMINER SIGNATURE

Examiner Signature	/CHRISTOPHER J RAAB/	Date Considered	12/30/2023

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through a citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

[1] See Kind Codes of USPTO Patent Documents at www.USPTO.GOV or MPEP 901.04. [2] Enter office that issued the document, by the two-letter code (WIPO Standard ST.3). [3] For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. [4] Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. [5] Applicant is to place a check mark here if English language translation is attached.

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)		
	Application Number	
	Filing Date	
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DHP-P0001CIP3

CERTIFICATION STATEMENT

Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):

☐ That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(1).

OR

☐ That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(2).

☐ See attached certification statement.

☐ The fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

☒ A certification statement is not submitted herewith.

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Brian D. Owens/	Date (YYYY-MM-DD)	2023-11-06
Name/Print	Brian Dean Owens	Registration Number	55517

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspections or an issued patent.

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Bibliographic Data

Application No: 18/502,813

Foreign Priority claimed: ○ Yes ◉ No

35 USC 119 (a-d) conditions met: ☐ Yes ☑ No ☐ Met After Allowance

Verified and Acknowledged: /CHRISTOPHER J RAAB/ Examiner's Signature | Initials

Title: SYSTEM AND METHOD FOR ACHIEVING GOALS

FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
11/06/2023	705	2156	DHP-P0001CIP3
RULE			

APPLICANTS

Data Health Partners, Inc., Beverly Hills, CA, UNITED STATES

INVENTORS

Nathaniel T. Bradley, Tucson, AZ, UNITED STATES

James Gaynor, Winchester, VA, UNITED STATES

Joshua S. Paugh, Tucson, AZ, UNITED STATES

Paul Arena, Malibu, CA, UNITED STATES

Lisa A. Marshall, Richmond, VA, UNITED STATES

CONTINUING DATA

This application is a CON of 17546594 12/09/2021 PAT 11809431 okay - CJR

17546594 is a CON of 17499725 10/12/2021 okay - CJR

17499725 is a CON of 16141471 09/25/2018 PAT 11144554 okay - CJR

16141471 is a CIP of 16053141 08/02/2018 PAT 11151142 okay - CJR

16053141 is a CON of 14212429 03/14/2014 PAT 10061812 okay - CJR

14212429 has PRO of 61791218 03/15/2013 okay - CJR

FOREIGN APPLICATIONS

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11/17/2023

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[HTML] **Progress towards** elimination **goals** for viral hepatitis [HTML] nature.com
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AL Cox, MH El-Sayed, JH Kao, JV Lazarus… - Nature Reviews …, 2020 - nature.com

… **progress** has been made **towards** elimination, there are still some important gaps in terms of
policy and **progress**… is feasible, what the key areas of **progress** are and what the focus for the …

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Tuberculosis control in South Africa: successes, challenges and recommendations: tuberculosis control-**Progress towards** the Millennium Development **Goals** [PDF] journals.co.za

GJ Churchyard, LD Mametja, L Mvusi… - South African Medical …, 2014 - journals.co.za

… Although SA has made notable **progress** in reducing TB prevalence and deaths and …
are required to further accelerate **progress towards** improved TB control in SA and beyond. …

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A brief history of South Africa's response to AIDS: history of HIV in SA-**Progress towards** the Millennium Development **Goals** [PDF] journals.co.za

NP Simelela, WDF Venter - South African Medical Journal, 2014 - journals.co.za

The story of the AIDS response in South Africa over the past 4 years is one of great **progress** after almost a decade of complex and tragic denialism that united the world and civil society …

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[HTML] Sustainable development **goals** relevant to kidney health: an update on **progress** [HTML] nature.com
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VA Luyckx, Z Al-Aly, AK Bello, E Bellorin-Font… - Nature Reviews …, 2021 - nature.com

… When kidney disease is not detected and treated early, **patient** care requires specialized resources that drive up cost, place many people at risk of catastrophic health expenditure and …

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[HTML] **Progress towards** the integration of pharmacogenomics in practice [HTML] springer.com
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SD Mooney - Human genetics, 2015 - Springer

… area of research with the **goal** of common clinical use. This **goal** has developed into today's …
Finally, what and when to return data to a **patient** is an area under constant debate. New …

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Progress towards Millennium Development **Goals** with women empowerment [PDF] iapsmupuk.org
Full View

S Chaturvedi, G Singh, P Rai - Indian Journal of community health, 2016 - iapsmupuk.org

… Half of the **patients** presented with decreased level of … in **patients** with reduced level of consciousness with almost all having generalized tonic- clonic attacks. (15) A few **patients** from …

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[HTML] Poor availability of essential medicines for women and children [HTML] nih.gov

threatens **progress towards** Sustainable Development **Goal** 3 in Africa — Free from Publisher

B Droti, KP O'Neill, M Mathai, DYT Dovlo… - BMJ Global …, 2019 - ncbi.nlm.nih.gov

… **Patient** and public involvement **Patients** and the public are not involved in SARA surveys. With WHO technical support, each of the countries has produced comprehensive SARA reports …

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Ensuring that the diagnosis of tuberculosis accelerates **progress towards** the Millennium Development **Goals** — [PDF] ersjournals.com Full View

C Hanson, G Sotgiu… - European Respiratory …, 2014 - Eur Respiratory Soc

… If the final **goal** is to reach zero deaths due to tuberculosis, it should be unanimously accepted that no **patient** can go undiagnosed. We are still waiting for the shining star, a point-of-care …

Save Cite Cited by 10 Related articles All 4 versions

[HTML] Improving lives by accelerating **progress towards** the UN Sustainable Development **Goals** for adolescents living with HIV: a prospective cohort study — [HTML] thelancet.com

LD Cluver, FM Orkin, L Campeau, E Toska… - The Lancet Child & …, 2019 - thelancet.com

… that can lead to **progress** across multiple Sustainable Development **Goals** (SDG) and … explicitly tested for combinations of provisions that affect multiple SDG targets and **goals**. …

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Goal-directed treatment for osteoporosis: a **progress** report from the ASBMR-NOF working group on **goal**-directed treatment for osteoporosis — [PDF] wiley.com Full View

SR Cummings, F Cosman, EM Lewiecki… - Journal of Bone and …, 2017 - Wiley Online Library

… of treatment is established for a **patient**; 2) the initial choice of … the **goal**; and 3) **progress** toward reaching the **patient's goal** is … of the **goal** or **progress** toward achievement of the **goal**. …

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
18/502,813	11/06/2023	Nathaniel T. Bradley	DHP-P0001CIP3	6886

133690 7590 12/12/2023

Goodhue, Coleman & Owens, P.C.
12951 University Ave
Suite 201
Clive, IA 50325

EXAMINER	
CENTRAL, DOCKET	

ART UNIT	PAPER NUMBER
OPAP	

NOTIFICATION DATE	DELIVERY MODE
12/12/2023	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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In re Application of	:	
Bradley et al.	:	
Application No. 18/502,813	:	DECISION ON PETITION
Filed: November 06, 2023	:	TO MAKE SPECIAL UNDER
For: SYSTEM AND METHOD FOR	:	37 CFR 1.102(c)(1)
ACHIEVING GOALS	:	

This is a decision on the petition under 37 CFR 1.102(c)(1), filed November 6, 2023, to make the above-identified application special based on applicant's age as set forth in MPEP § 708.02, Section II.

The petition is GRANTED.

A grantable petition to make an application special under 37 CFR 1.102(c)(1) and MPEP § 708.02, Section II: Applicant's Age, must be accompanied by evidence showing that the applicant is 65 years of age, or more, such as applicant's statement or a statement from a registered practitioner that he or she has evidence that the applicant is 65 years of age or older. No fee is required.

The instant petition includes a statement from a joint inventor that he or she is 65 years of age or older. Accordingly, the above-identified application has been accorded "special" status.

Telephone inquiries concerning this decision should be directed to Jamice Brantley at 571-272-3814.

/JAMICE T BRANTLEY/
Jamice T Brantley
Paralegal Specialist, Office of Petitions

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APPLICATION NUMBER	FILING or 371(c) DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	TOT CLAIMS	IND CLAIMS
18/502,813	11/06/2023		664	DHP-P0001CIP3	20	3

CONFIRMATION NO. 6886

133690
Goodhue, Coleman & Owens, P.C.
12951 University Ave
Suite 201
Clive, IA 50325

FILING RECEIPT

OC000000064723019

Date Mailed: 11/21/2023

Receipt is acknowledged of this non-provisional utility patent application. The application will be taken up for examination in due course. Applicant will be notified as to the results of the examination. Any correspondence concerning the application must include the following identification information: the U.S. APPLICATION NUMBER, FILING DATE, NAME OF FIRST INVENTOR, and TITLE OF INVENTION. Fees transmitted by check or draft are subject to collection.

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Inventor(s)

Nathaniel T. Bradley, Tucson, AZ;
James Gaynor, Winchester, VA;
Joshua S. Paugh, Tucson, AZ;
Paul Arena, Malibu, CA;
Lisa A. Marshall, Richmond, VA;

Applicant(s)

Data Health Partners, Inc., Beverly Hills, CA;

Assignment For Published Patent Application

Data Health Partners, Inc., Beverly Hills, CA

Power of Attorney: The patent practitioners associated with Customer Number 133690

Domestic Priority data as claimed by applicant

This application is a CON of 17/546,594 12/09/2021 PAT 11,809,431
which is a CON of 17/499,725 10/12/2021
which is a CON of 16/141,471 09/25/2018 PAT 11,144,554
which is a CIP of 16/053,141 08/02/2018 PAT 11,151,142
which is a CON of 14/212,429 03/14/2014 PAT 10,061,812
which claims benefit of 61/791,218 03/15/2013

Foreign Applications for which priority is claimed (You may be eligible to benefit from the Patent Prosecution Highway program at the USPTO. Please see http://www.uspto.gov for more information.) - None.

Foreign application information must be provided in an Application Data Sheet in order to constitute a claim to foreign priority. See 37 CFR 1.55 and 1.76.

Permission to Access Application via Priority Document Exchange: Yes

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If Required, Foreign Filing License Granted: 11/17/2023

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US 18/502,813**

Projected Publication Date: 02/29/2024

Non-Publication Request: No

Early Publication Request: No
**** SMALL ENTITY ****
Title

SYSTEM AND METHOD FOR ACHIEVING GOALS

Preliminary Class

Statement under 37 CFR 1.55 or 1.78 for AIA (First Inventor to File) Transition Applications: No

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number: 18/502,813

APPLICATION AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE($)	SMALL ENTITY FEE($)	OR	OTHER THAN SMALL ENTITY RATE($)	OTHER THAN SMALL ENTITY FEE($)
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A	64		N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A	N/A	280		N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A	N/A	320		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))	20 minus 20 =	* 0	x =	0	OR		
INDEPENDENT CLAIMS (37 CFR 1.16(h))	3 minus 3 =	*	x =	0			
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $310 ($155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			0			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))				0			
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	664		TOTAL	

APPLICATION AS AMENDED - PART II

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE($)	SMALL ENTITY ADDITIONAL FEE($)	OR	OTHER THAN SMALL ENTITY RATE($)	OTHER THAN SMALL ENTITY ADDITIONAL FEE($)
AMENDMENT A	Total (37 CFR 1.16(i))	*	Minus	**	=	x =		OR	x =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=	x =		OR	x =	
	Application Size Fee (37 CFR 1.16(s))									
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							OR		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE($)	ADDITIONAL FEE($)		RATE($)	ADDITIONAL FEE($)
AMENDMENT B	Total (37 CFR 1.16(i))	*	Minus	**	=	x =		OR	x =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=	x =		OR	x =	
	Application Size Fee (37 CFR 1.16(s))									
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							OR		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest found in the appropriate box in column 1.

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Kathi Vidal

Kathi Vidal
Under Secretary of Commerce for Intellectual Property and
Director of the United States Patent and Trademark Office

Derrick Brent
Deputy Under Secretary of Commerce for Intellectual Property and
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PATENT COOPERATION TREATY

ADVANCE E-MAIL

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NOTIFICATION CONCERNING TRANSMITTAL OF COPY OF INTERNATIONAL PRELIMINARY REPORT ON PATENTABILITY (CHAPTER I OF THE PATENT COOPERATION TREATY)
(PCT Rule 44bis.1(c))

From the INTERNATIONAL BUREAU

To:

COLEMAN, Kyle, S.
MCKEE, VOORHEES & SEASE, P.L.C.
801 Grand Avenue, Suite 3200
Des Moines, Iowa 50309-2721
ETATS-UNIS D'AMERIQUE

Date of mailing *(day/month/year)* 24 September 2015 (24.09.2015)		
Applicant's or agent's file reference P11260WO00	**IMPORTANT NOTICE**	
International application No. PCT/US2014/029287	International filing date *(day/month/year)* 14 March 2014 (14.03.2014)	Priority date *(day/month/year)* 15 March 2013 (15.03.2013)
Applicant GRAFTON SCHOOL, INC.		

The International Bureau transmits herewith a copy of the international preliminary report on patentability (Chapter I of the Patent Cooperation Treaty)

The International Bureau of WIPO
34, chemin des Colombettes
1211 Geneva 20, Switzerland

Facsimile No. +41 22 338 82 70

Authorized officer
Philippe Bécamel

e-mail: pt03.pct@wipo.int

PATENT COOPERATION TREATY

PCT

INTERNATIONAL PRELIMINARY REPORT ON PATENTABILITY
(Chapter I of the Patent Cooperation Treaty)

(PCT Rule 44*bis*)

Applicant's or agent's file reference P11260WO00	**FOR FURTHER ACTION**	See item 4 below
International application No. PCT/US2014/029287	International filing date *(day/month/year)* 14 March 2014 (14.03.2014)	Priority date *(day/month/year)* 15 March 2013 (15.03.2013)
International Patent Classification (8th edition unless older edition indicated) See relevant information in Form PCT/ISA/237		
Applicant GRAFTON SCHOOL, INC.		

1. This international preliminary report on patentability (Chapter I) is issued by the International Bureau on behalf of the International Searching Authority under Rule 44 *bis*.1(a).

2. This REPORT consists of a total of 6 sheets, including this cover sheet.

   In the attached sheets, any reference to the written opinion of the International Searching Authority should be read as a reference to the international preliminary report on patentability (Chapter I) instead.

3. This report contains indications relating to the following items:

☒	Box No. I	Basis of the report
☐	Box No. II	Priority
☐	Box No. III	Non-establishment of opinion with regard to novelty, inventive step and industrial applicability
☐	Box No. IV	Lack of unity of invention
☒	Box No. V	Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement
☐	Box No. VI	Certain documents cited
☐	Box No. VII	Certain defects in the international application
☐	Box No. VIII	Certain observations on the international application

4. The International Bureau will communicate this report to designated Offices in accordance with Rules 44*bis*.3(c) and 93*bis*.1 but not, except where the applicant makes an express request under Article 23(2), before the expiration of 30 months from the priority date (Rule 44*bis* .2).

	Date of issuance of this report 15 September 2015 (15.09.2015)
The International Bureau of WIPO 34, chemin des Colombettes 1211 Geneva 20, Switzerland Facsimile No. +41 22 338 82 70	Authorized officer Philippe Bécamel e-mail: pt03.pct@wipo.int

Form PCT/IB/373 (January 2004)

PATENT COOPERATION TREATY

From the
INTERNATIONAL SEARCHING AUTHORITY

To: Brian D. Owens
15201 Mason Road, Suite 1000-312
Cypress, Texas 77433
United States of America

PCT

WRITTEN OPINION OF THE
INTERNATIONAL SEARCHING AUTHORITY

(PCT Rule 43*bis*.1)

Date of mailing *(day/month/year)*	22 AUG 2014
Applicant's or agent's file reference 126-103WO	FOR FURTHER ACTION See paragraph 2 below

International application No.	International filing date *(day/month/year)*	Priority date *(day/month/year)*
PCT/US14/29287	14 March 2014 (14.03.2014)	15 March 2013 (15.03.2013)

International Patent Classification (IPC) or both national classification and IPC
IPC(8) - G06Q 50/22 (2014.01)
USPC - 705/2

Applicant GRAFTON SCHOOL, INC.

1. This opinion contains indications relating to the following items:

- ☒ Box No. I Basis of the opinion
- ☐ Box No. II Priority
- ☐ Box No. III Non-establishment of opinion with regard to novelty, inventive step and industrial applicability
- ☐ Box No. IV Lack of unity of invention
- ☒ Box No. V Reasoned statement under Rule 43*bis*.1(a)(i) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement
- ☐ Box No. VI Certain documents cited
- ☐ Box No. VII Certain defects in the international application
- ☐ Box No. VIII Certain observations on the international application

2. **FURTHER ACTION**

If a demand for international preliminary examination is made, this opinion will be considered to be a written opinion of the International Preliminary Examining Authority ("IPEA") except that this does not apply where the applicant chooses an Authority other than this one to be the IPEA and the chosen IPEA has notified the International Bureau under Rule 66.1*bis*(b) that written opinions of this International Searching Authority will not be so considered.

If this opinion is, as provided above, considered to be a written opinion of the IPEA, the applicant is invited to submit to the IPEA a written reply together, where appropriate, with amendments, before the expiration of 3 months from the date of mailing of Form PCT/ISA/220 or before the expiration of 22 months from the priority date, whichever expires later.

For further options, see Form PCT/ISA/220.

Name and mailing address of the ISA/US	Date of completion of this opinion	Authorized officer:
Mail Stop PCT, Attn: ISA/US Commissioner for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450 Facsimile No. 571-273-3201	21 July 2014 (21.07.2014)	Shane Thomas PCT Helpdesk: 571-272-4300 PCT OSP: 571-272-7774

Form PCT/ISA/237 (cover sheet) (July 2011)

WRITTEN OPINION OF THE INTERNATIONAL SEARCHING AUTHORITY

International application No.
PCT/US14/29287

Box No. I Basis of this opinion

1. With regard to the **language**, this opinion has been established on the basis of:

☒ the international application in the language in which it was filed.

☐ a translation of the international application into _____ which is the language of a translation furnished for the purposes of international search (Rules 12.3(a) and 23.1(b)).

2. ☐ This opinion has been established taking into account the **rectification of an obvious mistake** authorized by or notified to this Authority under Rule 91 (Rule 43*bis*.1(a))

3. With regard to any **nucleotide and/or amino acid sequence** disclosed in the international application, this opinion has been established on the basis of a sequence listing filed or furnished:

a. (means)

☐ on paper

☐ in electronic form

b. (time)

☐ in the international application as filed

☐ together with the international application in electronic form

☐ subsequently to this Authority for the purposes of search

4. ☐ In addition, in the case that more than one version or copy of a sequence listing has been filed or furnished, the required statements that the information in the subsequent or additional copies is identical to that in the application as filed or does not go beyond the application as filed, as appropriate, were furnished.

5. Additional comments:

WRITTEN OPINION OF THE INTERNATIONAL SEARCHING AUTHORITY

International application No.
PCT/US14/29287

Box No. V **Reasoned statement under Rule 43*bis*.1(a)(i) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement**

1. Statement

Novelty (N)	Claims	5, 7-10, 12-13, 15, 18-19	YES
	Claims	1-4, 6, 11, 14, 16-17, 20	NO
Inventive step (IS)	Claims	8, 15, 19	YES
	Claims	1-7, 9-14, 16-18, 20	NO
Industrial applicability (IA)	Claims	1-20	YES
	Claims	None	NO

2. Citations and explanations:

Claims 1-4, 6, 11, 14, 16-17 and 20 lack novelty under PCT Article 33(2) as being anticipated by US 2011/0047404 A1 to Metzler et al. (hereinafter "Metzler").

As to claims 1 and 16, Metzler discloses method for tracking outcome specific data (clinical outcomes in the backend provide data to the front end (tracking the status and progress (outcome specific data) of the user), paragraph [0037]); and a controller (software program executing on a server (and a controller), paragraphs [0024], [0121]) comprising: a processor for executing a set of instructions (a processor executing a software module (a processor for executing a set of instructions), paragraph [0121]); and a memory for storing the set of instructions (a storage medium (memory) where the software module resides (for instructions), paragraph [0101]), wherein the set of instructions are executed by the processor to (the software module is executed by the processor (the software module is executed by the processor, (paragraph [0121]); to perform the method of: receiving input establishing accounts for providers serving clients (logon module provides the features and tools that allow a user to register for an account (receiving input establishing accounts) for healthcare professionals (for providers) to observe and interact with users (serving clients), paragraphs [0036], [0037]) wherein the accounts are stored in a server (accounts are stored in a database that is in communication with the server, paragraphs [0025], [0033], [0036]); assigning each of the clients to one or more of the providers in response to selections from an administrator (each patient (client) is assigned to a clinical professional (providers) and is set up and approved by (in response to) the administrator, paragraphs [0036], [0047]); compiling data associated with each of the clients received from the providers utilizing computing or communications devices in communication with the server (data is collected regarding a user (compiling data associated with each of the clients) from treatment professionals (providers) using any network device (utilizing computing devices) interacting with web pages on the server (in communication with the server), paragraphs [0025], [0032], [0071]); and presenting the compiled data visually in response to a user request (the content module can display (presenting visually) the user's progress in completing the achievements (the compiled data), in response to the requests, the hosting device can transfer content to the requesting devices (in response to a user request), figure 9, paragraphs [0025], [0065], [0094]).

As to claim 11, Metzler discloses a system for tracking goal achievement of individuals (tracking a user's goals and performance, paragraphs [0094], [0098]), the system comprising: computing and communications devices in communication with a server through one or more networks (using any network device (computing and communications devices) interacting with web pages (in communication) on the server over the internet (through one or more networks), paragraphs [0025], [0117]); the server configured to receive input establishing accounts for a plurality of providers serving the individuals (the system (the server) includes a logon module provides the features and tools that allow a user to register for an account (establishing accounts) for healthcare professionals (providers) to observe and interact with users (serving the individuals), paragraphs [0036], [0037]), assign each of the individuals to one or more of the providers in response to selections from administrator (each patient (individual) is assigned to a clinical professional (providers) and is set up and approved (in response to selections) by the administrator, paragraphs [0036], [0047]), compile data associated with each of the individuals received from the providers utilizing the computing or communications devices in communication with the server (data can be accumulated (compile data) regarding a user (client) from treatment professionals (received from the providers) using any network device (utilizing computing or communications devices) interacting with web pages on the server (in communication with the server), paragraphs [0025], [0032], [0071], [0092]), and present the compiled data visualizing in response to a user request (the content module can display (presenting visually) the user's progress in completing the achievements (the compiled data), in response to the requests, the hosting device can transfer content to the requesting devices (in response to a user request), figure 9, paragraphs [0025], [0065], [0094]); and a database in communication with the server (the application stores and retrieves data from the database that is in communication with the server, paragraphs [0025], [0033]), the database configured to store the accounts, permissions, settings, and data (the database stores user accounts (store the accounts), privacy settings (permissions), notification settings (settings) and events and activities (data), paragraphs [0036], [0073], [0068], [0078]).

As to claim 2, Metzler disclose the method according to claim 1. Metzler further disclose a method wherein the server is accessed through a cloud network (the server is accessed through the internet (a cloud network), figure 1, paragraph [0024]), and wherein an application executed by the computing or communications devices is utilized to receive user input from the providers (an application executed on a computer data is collected (receive user input) from treatment professionals (from the providers), figure 1, paragraphs [0025], [0071]).

As to claim 3, Metzler discloses the method according to claim 1. Metzler further discloses a method further comprising: establishing goals for the clients, wherein the data indicates a status of the goals (the professionals can set goals (establishing goals) in the account of the user (clients) and have the site assist in the monitoring and support of those goals where the user can report their progress (status of the goals), paragraph [0063]).

-***-Continued Within the Next Supplemental Box-***-

WRITTEN OPINION OF THE INTERNATIONAL SEARCHING AUTHORITY

International application No.
PCT/US14/29287

Supplemental Box

In case the space in any of the preceding boxes is not sufficient.
Continuation of:
-***-Continued from Box V: Citations and Explanations-***-

As to claim 4, Metzler discloses the method according to claim 3. Metzler further discloses a method comprising: data mining the data to determine best practices (the data can be used for statistical analysis (data mining) by healthcare providers to compare to other treatment centers to determine comparable outcomes (best practices), paragraph [0092]).

As to claim 6, Metzler discloses the method according to claim 1. Metzler further discloses a method wherein the data includes at least intervention plans, goals and objectives, recorded activities, and general notes (events and activities are captured and stored (recorded activities), paragraph [0068]).

As to claim 14, Metzler discloses the system according to claim 11. Metzler further discloses a system wherein the one or more networks are a cloud network (the server is accessed through a local area network, wide area network, virtual private network, or the internet (the server is accessed through a cloud network), figure 1, paragraph [0024]).

As to claim 17, Metzler discloses the server according to claim 16. Metzler further discloses wherein the data includes at least intervention plans, goals and objectives, recorded activities, and general notes (the activities of the patients are captured and stored in the database (recorded activities), paragraph [0068]).

As to claim 20, Metzler discloses the controller according to claim 16. Metzler further discloses a controller wherein the controller is accessible by a plurality of mobile devices, a plurality of computing devices, and a web interface (the software operating on the server (the controller) accessed (accessible) by mobile devices such as a mobile telephone or personal digital assistant (mobile devices); a patient and clinical professional device including a personal computer (computing devices), where the content may be displayed on a mobile device in the form of a webpage (a web interface), paragraphs [0025], [0026], [0121]).

Claim 5 lacks an inventive step under PCT Article 33(3) as being obvious over Metzler in view of US RE42508 E to Lewis et al. (hereinafter "Lewis").

As to claim 5, Metzler disclose the method according to claim 3. However, Metzler fails to disclose a method further comprising: recommending the best practices to the providers in response to the best practices being associated with a client assigned to the providers. Lewis discloses a method comprising: recommending the best practices to the providers in response to the best practices being associated with a client assigned to the providers (recommending an alternative ancillary medical procedure (best practices) to the physicians (providers) for an identified patient (client) treated by the physician that is not being treated per guidelines of ancillary medical procedures, column 5 lines 52-64, column 12, lines 5-12). It would have been obvious to one of ordinary skill in the art, at the time the invention was made, to modify the method of Metzler to include recommending the best practices to the providers in response to the best practices being associated with a client assigned to the providers, as taught by Lewis, for the benefit of providing updated recommendations to the providers so they can determine the best treatment for the client.

Claims 7 lacks an inventive step under PCT Article 33(3) as being obvious over Metzler in view of US 2009/0192825 A1 to Hunt et al. (hereinafter "Hunt").

As to claim 7, Metzler discloses the method according to claim 1. However, Metzler fails to disclose a method further comprising: communicating an alert in response to the data for each of the clients reaching a threshold associated with the alert. Hunt discloses a method comprising: communicating an alert in response to the data for each of the clients reaching a threshold associated with the alert (the communication includes an email (communicating) of an alert (an alert) based on essential data (in response to the data) available for a patient), when a threshold of the user triggers the alert (reaching a threshold), paragraphs [0055], [0057], claim 9). It would have been obvious to one of ordinary skill in the art, at the time the invention was made, to modify the method of Metzler to include communicating an alert in response to the data for each of the clients reaching a threshold associated with the alert, as taught by Hunt, for the benefit of alerting clients of situations that may require attention or contact with the provider.

Claim 9 lacks an inventive step under PCT Article 33(3) as being obvious over Metzler in view of US 2009/0112924 A1 to Harris et al. (hereinafter "Harris").

As to claim 9, Metzler discloses the method according to claim 1. Metzler further discloses a system comprising: indicating a status of goals for the clients in response to the data (each goal and the user's progress in completing the goals (status) are shown (indicating) based on the data (in response to the data), figure 9, paragraphs [0065], [0094]). However, Metzler fails to disclose a method further comprising: tracking a time and occurrence number of client actions in response to input from the providers. Harris discloses a method comprising: tracking a time and occurrence number of client actions in response to input from the providers (each record includes a record number (occurrence number) and a timestamp (tracking a time) of an action performed by the client (of client actions) in response to a request or other reporting event (in response to input), from the provider, paragraphs [0090], [0098]). It would have been obvious to one of ordinary skill in the art, at the time the invention was made, to modify the method of Metzler to include tracking a time and occurrence number of client actions in response to input from the providers, as taught by Harris, for the benefit of storing records with timestamps so queries can be preformed in the database on historical data.

-***-Continued Within the Next Supplemental Box-***-

WRITTEN OPINION OF THE INTERNATIONAL SEARCHING AUTHORITY

International application No.
PCT/US14/29287

Supplemental Box

In case the space in any of the preceding boxes is not sufficient.
Continuation of:
-***-Continued from Previous Supplemental Box-***-

Claim 10 lacks an inventive step under PCT Article 33(3) as being obvious over Metzler in view of US 8355925 B2 to Rothman et al. (hereinafter "Rothman").

As to claim 10, Metzler discloses the method according to claim 1. However, Metzler fails to disclose a method further comprising reporting outcomes in response to data compared against a minimum growth line. Rothman discloses a method comprising reporting outcomes in response to data compared against a minimum growth line (the comparison module may include a statistical reference curve so that the health score (reporting outcomes in response to data) may be easily compared to a baseline reference (minimum growth line), column 21, lines 52-55, column 22, lines 14-16). It would have been obvious to one of ordinary skill in the art, at the time the invention was made, to modify the method of Metzler to include reporting outcomes in response to data compared against a minimum growth line, as taught by Rothman, for the benefit of giving the data more meaning by comparing against a target or baseline.

Claims 12-13 and 18 lack an inventive step under PCT Article 33(3) as being obvious over Metzler in view of US 8313433 B2 to Cohen et al. (hereinafter "Cohen").

As to claim 12, Metzler discloses the system according to claim 11. Metzler further discloses the system wherein the data is from the providers (data is collected regarding a user from treatment professionals (providers), paragraph [0071]). However, Metzler fails to disclose a system wherein the database is a relational database management system performing data mining to analyze the data to associate best practices with each of the individuals. Cohen discloses a system wherein the database performing data mining to analyze the data to associate best practices with each of the individuals (data may be stored in the database; the data may be made available (performing data mining) and analyzed based on the historical information of the subject (individuals) associated with the beneficial practices (best practices), column 11, lines 25-36). Although neither Metzler nor Cohen specifically disclose a relational database management system, it would have been obvious to one of ordinary skill in the art at the time of the invention to use a relational database for the benefit of comparing larger amounts of data with varied relationships faster, as relational databases are old and well known in the art. Further, it would have been obvious to one of ordinary skill in the art, at the time the invention was made, to modify the system of Metzler to include wherein the database performing data mining to analyze the data to associate best practices with each of the individuals, as taught by Cohen, for the benefit of analyzing historic data to ensure the patients receive the proper and best practices recommended.

As to claim 13, Metzler and Cohen disclose the system according to claim 12. However, Metzler fails to disclose a method wherein the server is configured to recommend one or more best practices to the plurality of providers in response to the data of the individuals being associated with the best practices. Cohen discloses a method wherein the server is configured to recommend one or more best practices to the plurality of providers in response to the data of the individuals being associated with the best practices (the database stores recommendations that may be accessed by the healthcare provider (recommend) and access beneficial practices (one or more best practices) where information may be made generally available for health care providers for analyzing data based on the historical information of the subject (in response to the data of the individuals) associated with the beneficial practices, column 2, lines 60-65, column 11, lines 25-36, column 29, lines 20-24). It would have been obvious to one of ordinary skill in the art, at the time the invention was made, to modify the system of Metzler to include wherein the server is configured to recommend one or more best practices to the plurality of providers in response to the data of the individuals being associated with the best practices, as taught by Cohen, for the benefit of using the individual client data to recommend best practices to multiple providers.

As to claim 18, Metzler discloses the server according to claim 16. However, Metzler fails to disclose a server wherein the set of instructions are further executed to: recommend best practices to the providers in response to historic success with the clients. Cohen discloses a server wherein the set of instructions are further executed to: recommend best practices to the providers in response to historic success with the clients (recommendations may be accessed by the healthcare provider (recommend best practices to the providers); aggregate data of many subject sources may allow the healthcare provider to recognize beneficial practices (in response to historic success), column 2, lines 60-65, column 29, lines 20-24). It would have been obvious to one of ordinary skill in the art, at the time the invention was made, to modify the server of Metzler to include wherein the set of instructions are further executed to: recommend best practices to the providers in response to historic success with the clients, as taught by Cohen, for the benefit of using the historic data of a plurality of clients to develop best practices for future clients.

Claims 8, 15 and 19 meet the criteria set out in PCT Article 33(2)-(3), because the prior art does not teach or fairly suggest: receiving the data through a plurality of collection methods including task analysis, intensive trial teaching, interval recording, frequency, percentage data, and a reinforcement recorder. In the closest prior art, Metzler discloses a method and a system comprising: receiving the data through time recording (data is collected (receiving the data) that is tracked over time (through time recording), paragraphs [0072]). However, the prior art fails to disclose the limitations as discussed above.

Claims 1-20 have industrial applicability as defined by PCT Article 33(4) because the subject matter can be made or used in industry.

UNITED STATES
PATENT AND TRADEMARK OFFICE

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ELECTRONIC PAYMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**11/06/2023 05:05:10 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	63172333	AUTHORIZED BY	Brian Owens
CUSTOMER #	133690	FILING DATE	-
CORRESPONDENCE ADDRESS	-	FIRST NAMED INVENTOR	Nathaniel T. Bradley

Payment Information

PAYMENT METHOD	PAYMENT TRANSACTION ID	PAYMENT AUTHORIZED BY
DA / 506801	**E2023A6H05595830**	**Ashlyn Nguyen**

FEE CODE	DESCRIPTION	ITEM PRICE($)	QUANTITY	ITEM TOTAL($)
2111	UTILITY PATENT APPL. SEARCH FEE	280.00	1	280.00
4011	BASIC FILING FEE- UTILITY	64.00	1	64.00
2311	EXAMINATION OF ORIGINAL PATENT APPLICATION	320.00	1	320.00
			TOTAL AMOUNT:	**$664.00**

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New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

PTO/SB/08a (01-22)
Approved for use through 05/31/2024. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (**Not for submission under 37 CFR 1.99)**		
	Application Number	
	Filing Date	
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DHP-P0001CIP3

U.S.PATENTS						Remove
Examiner Initial*	Cite No	Patent Number	Kind Code[1]	Issue Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines where Relevant Passages or Relevant Figures Appear
	1	4237344	A	1980-12-02	Moore; John R.	Entire Document
	2	5377258	A	1994-12-27	Bro	Entire Document
	3	8066640	B2	2011-11-29	Angelides	Entire Document
	4	8313433	B2	2012-11-20	Cohen et al.	Entire Document
	5	8355925	B2	2013-01-15	Rothman et al.	Entire Document
	6	RE42508		2011-06-28	Lewis et al.	Entire Document

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	Application Number	
	Filing Date	
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DHP-P0001CIP3

	1	20020065697	A1	2002-05-30	Cautley et al.	Entire Document
	2	20020147626	A1	2002-10-10	Zagotta et al.	Entire Document
	3	20020194046	A1	2002-12-19	Sullivan et al.	Entire Document
	4	20030004758	A1	2003-01-02	Luttrell; Tammy C.	Entire Document
	5	20030014279	A1	2003-01-16	Roman et al.	Entire Document
	6	20080141138	A1	2008-06-12	Kalaboukis et al.	Entire Document
	7	20080270182	A1	2008-10-30	Lowney	Entire Document
	8	20080281651	A1	2008-11-13	Brennan et al.	Entire Document
	9	20090048872	A1	2009-02-19	Toy et al.	Entire Document
	10	20090112924	A1	2009-04-30	Harris et al.	Entire Document
	11	20090192825	A1	2009-07-30	Hunt; Jacquelyn Suzanne	Entire Document

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	Filing Date	
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DHP-P0001CIP3

	12	20100082381	A1	2010-04-01	Merrifield Jr. et al.	Entire Document
	13	20110029521	A1	2011-02-03	Thayne; Preston	Entire Document
	14	20110047404	A1	2011-02-24	Metzler; David	Entire Document
	15	20110161107	A1	2011-06-30	Goldberg et al.	Entire Document
	16	20110295613	A1	2011-12-01	Coyne; Martin	Entire Document
	17	20120253834	A1	2012-10-04	Tracy; Carrie L.	Entire Document
	18	20130144646	A1	2013-06-06	Loncar; Srdjan	Entire Document
	19	20140372138	A1	2014-12-18	Chari; Ravi S.	Entire Document
	20	20150205930	A1	2015-07-23	Shaanan; Jessica	Entire Document

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	Application Number	
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	First Named Inventor	Nathaniel T. Bradley
	Art Unit	
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	Attorney Docket Number	DHP-P0001CIP3

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	1	"International Application No PCT/US2014/029287 International Search Report and Written Opinion", 08/22/2014, 7 pages.	☒

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Examiner Signature		Date Considered	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through a citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

[1] See Kind Codes of USPTO Patent Documents at www.USPTO.GOV or MPEP 901.04. [2] Enter office that issued the document, by the two-letter code (WIPO Standard ST.3). [3] For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. [4] Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. [5] Applicant is to place a check mark here if English language translation is attached.

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	Application Number	
	Filing Date	
	First Named Inventor	Nathaniel T. Bradley
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DHP-P0001CIP3

CERTIFICATION STATEMENT

Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):

☐ That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(1).

OR

☐ That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(2).

☐ See attached certification statement.

☐ The fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

☒ A certification statement is not submitted herewith.

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Brian D. Owens/	Date (YYYY-MM-DD)	2023-11-06
Name/Print	Brian Dean Owens	Registration Number	55517

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether the Freedom of Information Act requires disclosure of these record s.

2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.

4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.

6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).

7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspections or an issued patent.

9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

Doc code: PET.OP.AGE
Description: Petition to make special based on age/health

PTO/SB/130 (01-19)
Approved for use through 11/30/2020. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

PETITION TO MAKE SPECIAL BASED ON AGE FOR ADVANCEMENT OF EXAMINATION UNDER 37 CFR 1.102(c)(1)

Application Information

Application Number		Confirmation Number		Filing Date	
Attorney Docket Number (optional)	DHP-P0001CIP3	Art Unit		Examiner	
First Named Inventor	Nathaniel T. Bradley				
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS				

Attention: Office of Petitions

An application may be made special for advancement of examination upon filing of a petition showing that the applicant is 65 years of age, or more. No fee is required with such a petition. See 37 CFR 1.102(c)(1) and MPEP 708.02 (II).

APPLICANT HEREBY PETITIONS TO MAKE SPECIAL FOR ADVANCEMENT OF EXAMINATION IN THIS APPLICATION UNDER 37 CFR 1.102(c)(1) and MPEP 708.02 (II) ON THE BASIS OF THE APPLICANT'S AGE.

A grantable petition requires one of the following items:

(1) Statement by one named inventor in the application that he/she is 65 years of age, or more; or

(2) Certification by a registered attorney/agent having evidence such as a birth certificate, passport, driver's license, etc. showing one named inventor in the application is 65 years of age, or more.

Name of inventor who is 65 years of age, or older

Given Name	Middle Name	Family Name	Suffix
James		Gaynor	

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 11.18. Please see 37 CFR 1.4(d) for the format of the signature.

Select (1) or (2):

☒ (1) I am an inventor in this application and I am 65 years of age, or more.

☐ (2) I am an attorney or agent registered to practice before the Patent and Trademark Office, and I certify that I am in possession of evidence, and will retain such in the application file record, showing that the inventor listed above is 65 years of age, or more.

Signature	James Gaynor (Nov 6, 2023 15:35 EST)	Date (YYYY-MM-DD)	Nov 6, 2023
Name	James Gaynor	Registration Number	

This collection of information is required by 37 CFR 1.102(c)(1). The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) a petition to make special based on age for advancement of examination. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND COMPLETED FORMS TO THE CHIEF INFORMATION OFFICER. **Submit completed forms electronically over EFS-Web, or mail to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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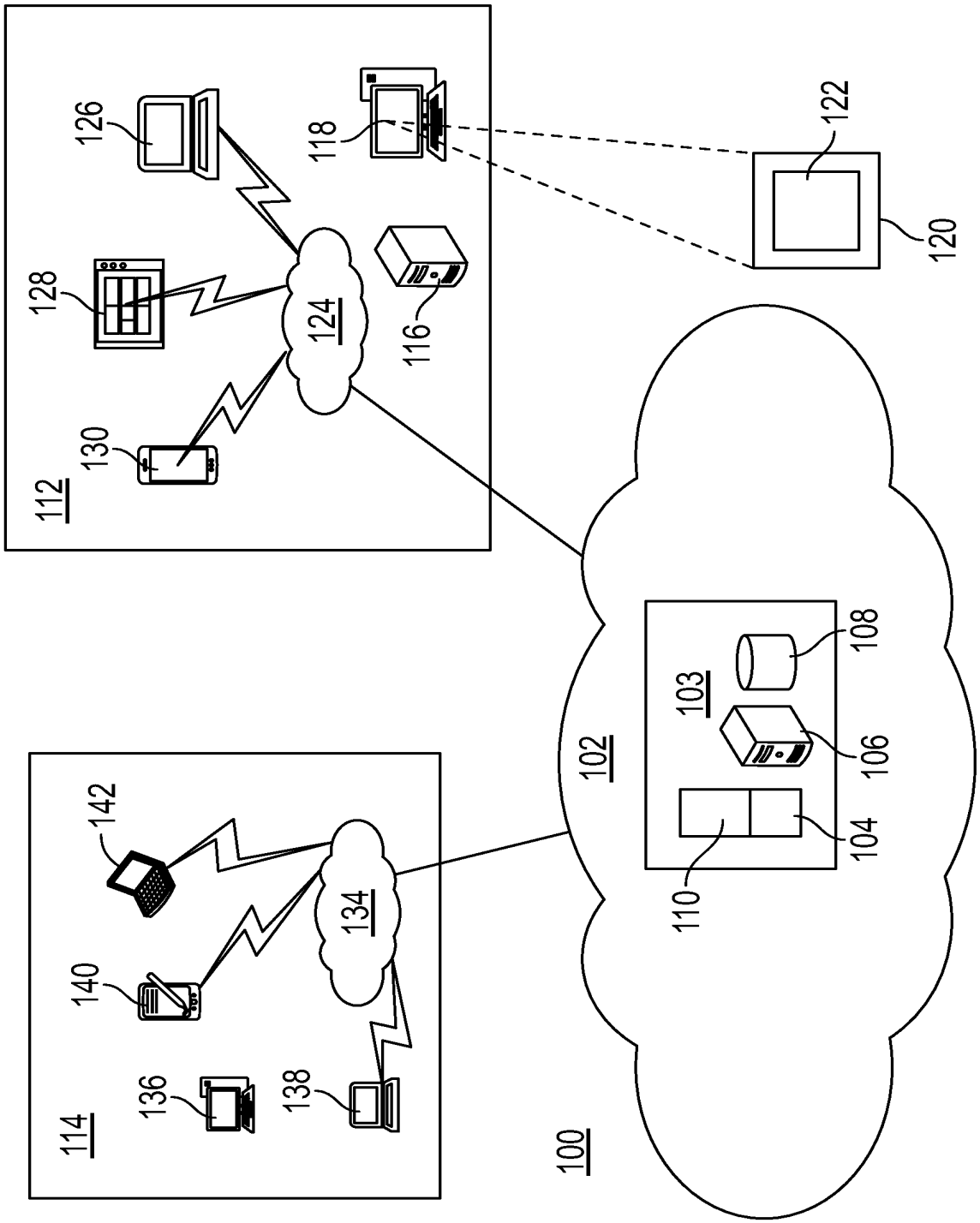
100
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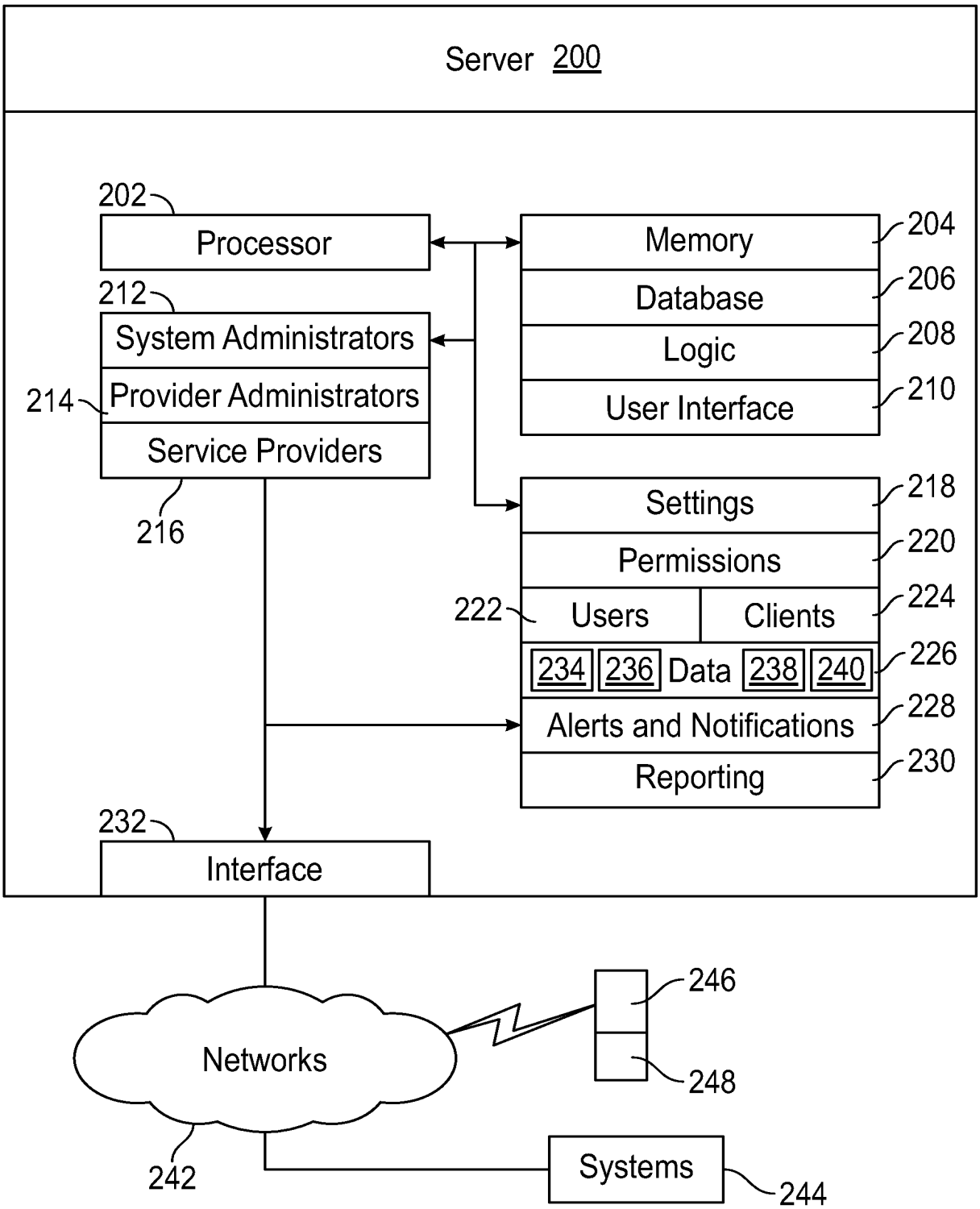
142

FIG. 1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202
Processor
212
System Administrators
214
Provider Administrators
Service Providers
216
Memory
204
Database
206
Logic
208
User Interface
210
Settings
218
Permissions
220
222
Users
Clients
224
234
236
Data
238
240
226
Alerts and Notifications
228
Reporting
230
232
Interface
Networks
246
248
242
Systems
244

FIG. 2

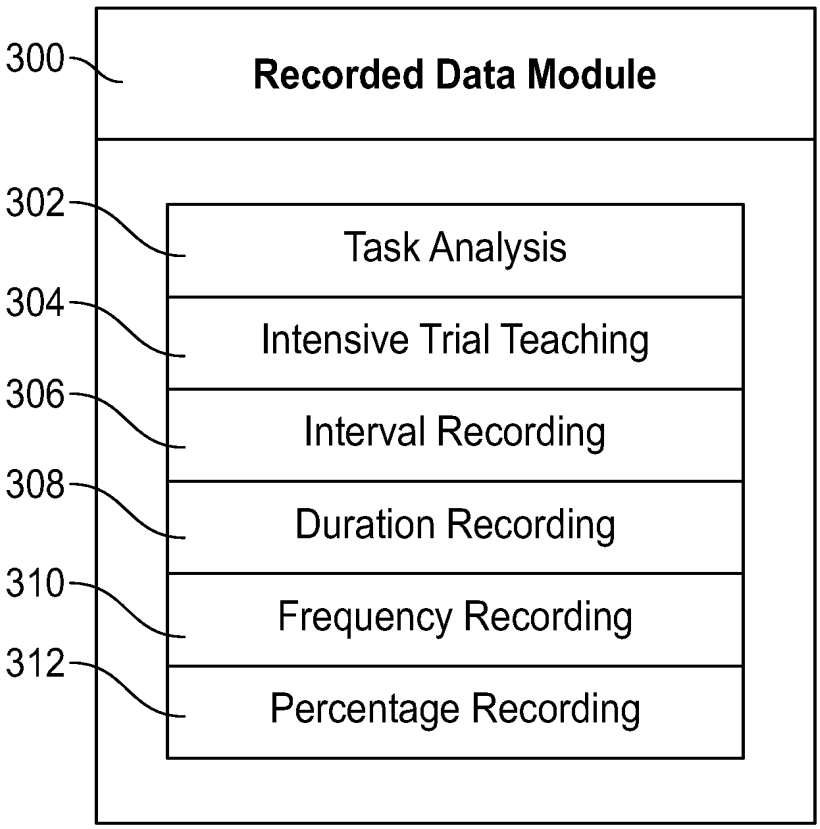

300
Recorded Data Module
302
Task Analysis
304
Intensive Trial Teaching
306
Interval Recording
308
Duration Recording
310
Frequency Recording
312
Percentage Recording

FIG. 3

400

Task	Level of Prompt Needed					
Walk Into Bathroom	Refused 0	Hand-Over-Hand 1	Touch 2	Gestural 3	Verbal 4	Independent 5
Pick up Toothbrush	Refused 0	Hand-Over-Hand 1	Touch 2	Gestural 3	Verbal 4	Independent 5
Put Toothpaste on Brush	Refused 0	Hand-Over-Hand 1	Touch 2	Gestural 3	Verbal 4	Independent 5
Brush Teeth for 30 Seconds	Refused 0	Hand-Over-Hand 1	Touch 2	Gestural 3	Verbal 4	Independent 5
Return Brush and Paste	Refused 0	Hand-Over-Hand 1	Touch 2	Gestural 3	Verbal 4	Independent 5
Rinse Mouth	Refused 0	Hand-Over-Hand 1	Touch 2	Gestural 3	Verbal 4	Independent 5
Dry Hands	Refused	Hand-Over-Hand 1	Touch 2	Gestural 3	Verbal 4	Independent 5

402

Highest Possible	Obtained	Percentage
35	18	51

FIG. 4

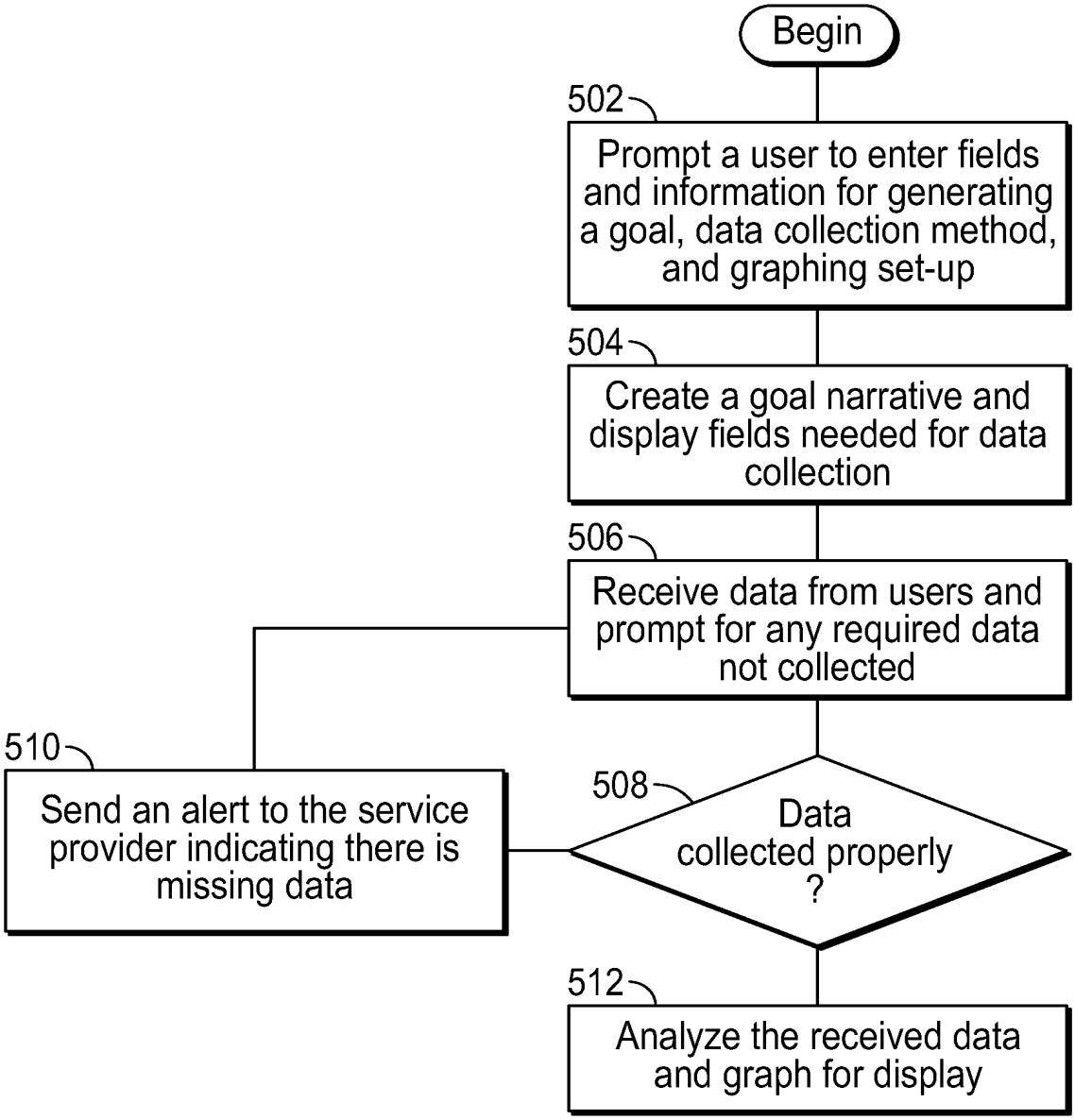

Begin
502
Prompt a user to enter fields and information for generating a goal, data collection method, and graphing set-up
504
Create a goal narrative and display fields needed for data collection
506
Receive data from users and prompt for any required data not collected
508
Data collected properly ?
510
Send an alert to the service provider indicating there is missing data
512
Analyze the received data and graph for display

FIG. 5

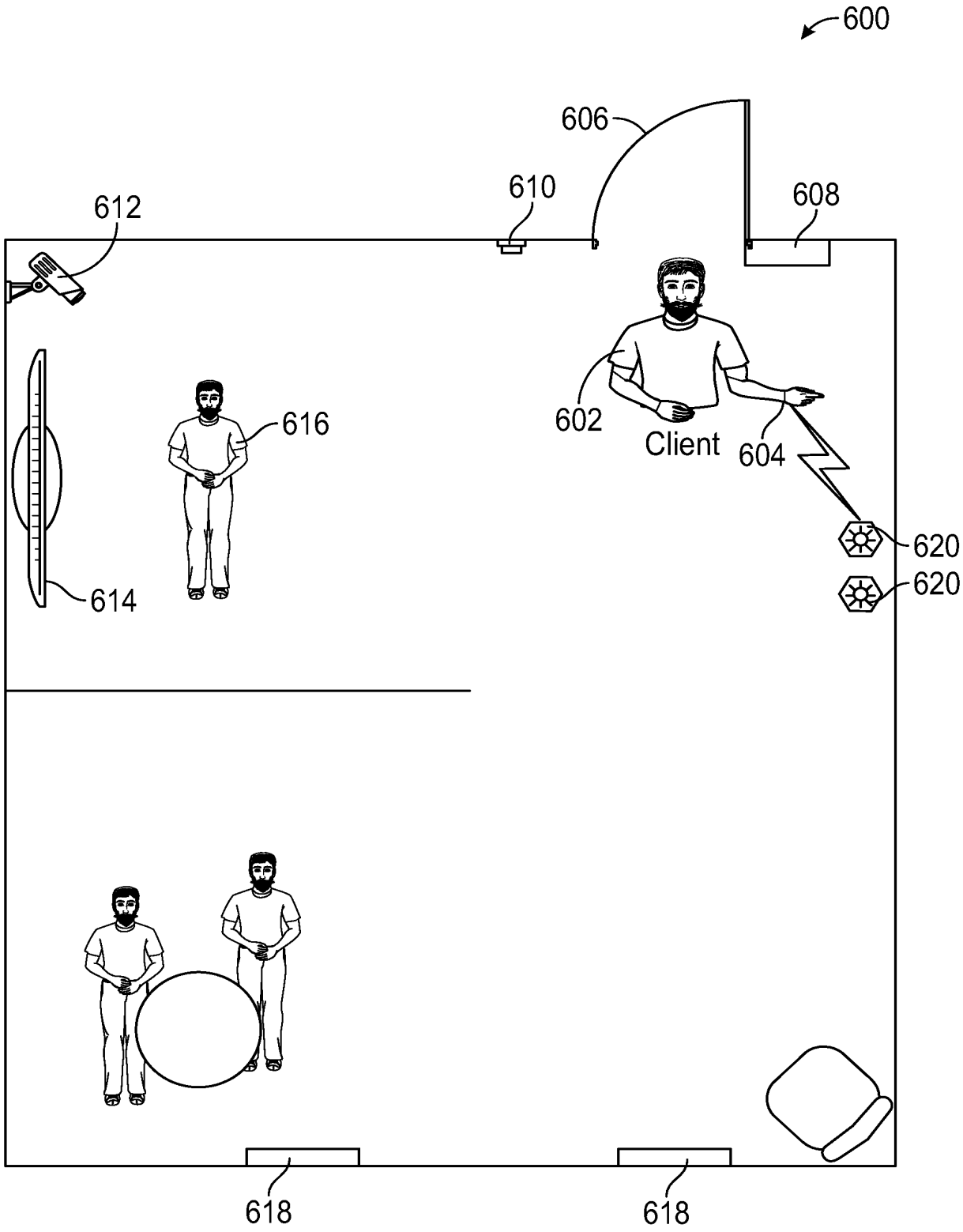


FIG. 6

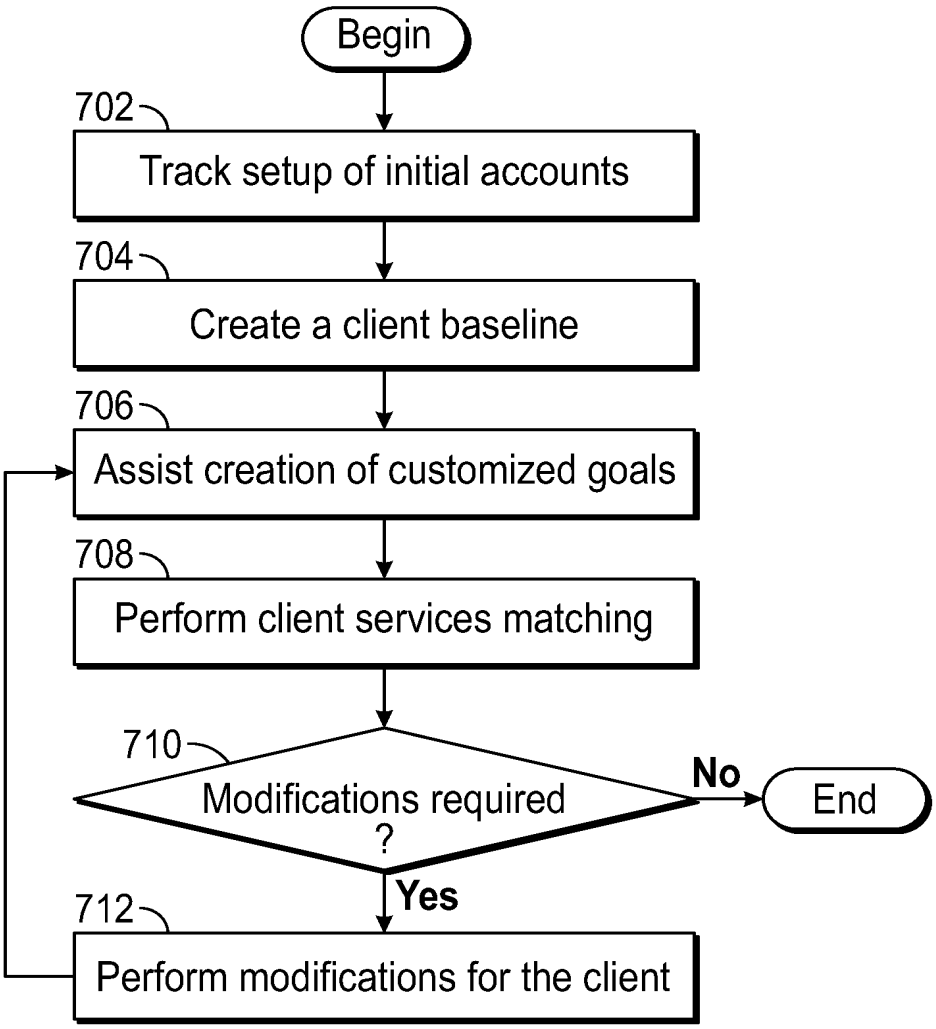

Begin
702
Track setup of initial accounts
704
Create a client baseline
706
Assist creation of customized goals
708
Perform client services matching
710
Modifications required ?
No
End
Yes
712
Perform modifications for the client

FIG. 7

800

OUTCOME BASED PATHS AND SCORING FOR DEPRESSION

- INITIAL INDICATION OF DEPRESSION AT THE CLIENT MANAGEMENT PROGRAM: INDICATED A MATCH FOR INITIAL FIRST POINTS OF CONTRACT CONSULTATION +1
- POOR APPETITE OR OVEREATING CAUSE OF DEPRESSION IS DIETARY: INDICATES THE NEED FOR INTERACTION WITH A NUTRITIONIST + 1
- LITTLE INTEREST OR PLEASURE IN DOING THINGS: INDICATES A MATCH FOR INTERACTION WITH A COUNSELOR, THERAPIST OR DOCTOR +1
- FEELING DOWN, DEPRESSED, HOPELESS OR CAUSE OF DEPRESSION IS UNKNOWN: INDICATES A MATCH FOR INTERACTION WITH A COUNSELOR, THERAPIST OR DOCTOR +1
- TROUBLE CONCENTRATING ON THINGS, SUCH AS READING THE NEWSPAPER OR WATCHING TELEVISION: INDICATES A MATCH FOR INTERACTION WITH A COUNSELOR, THERAPIST OR DOCTOR +1
- TROUBLE FALLING OR STAYING ASLEEP, OR SLEEPING TOO MUCH: INDICATES A MATCH FOR INTERACTION WITH A COUNSELOR, THERAPIST OR DOCTOR +1
- FEELING TIRED OR HAVING LITTLE ENERGY: INDICATES THE NEED FOR INTERACTION WITH A NUTRITIONIST + 1
- A FAMILY HISTORY OF DEPRESSION: INDICATES THE NEED FOR INTERACTION WITH A THERAPIST, DOCTOR OR PSYCHOLOGIST +2
- FEELING BAD ABOUT YOURSELF - OR THAT YOU ARE A FAILURE OR HAVE LET YOURSELF OR YOUR FAMILY DOWN +2
- MOVING OR SPEAKING SO SLOWLY THAT OTHER PEOPLE COULD HAVE NOTICED +2
- DEPRESSION CAUSED BY IMPROPER MEDICATION OR DOSAGE: INDICATES A MATCH FOR AN INTERACTION WITH THE CLIENTS PSYCHIATRIST, PRIMARY CARE PHYSICIAN OR A MATCH FOR AN INTERACTION WITH A PHARMACIST +3
- A POTENTIAL INTERACTION WITH PRESCRIPTION MEDICATIONS: INDICATES A MATCH FOR INTERACTION WITH A PHARMACIST AND THE CLIENT'S DOCTORS. +4
- AN ILLEGAL DRUG OR ALCOHOL INTERACTION: INDICATES A MATCH FOR INTERACTION WITH A DRUG COUNSELOR, PSYCHIATRIC CARE OR MEDICAL INTERVENTION. +5
- AN ILLEGAL DRUG OR ALCOHOL INTERACTION: INDICATES A MATCH FOR INTERACTION WITH A DRUG COUNSELOR, PSYCHIATRIC CARE OR MEDICAL INTERVENTION. +5
- AN ILLEGAL DRUG OR ALCOHOL INTERACTION: INDICATES A MATCH FOR INTERACTION WITH A DRUG COUNSELOR, PSYCHIATRIC CARE OR MEDICAL INTERVENTION. +5
- AN ILLEGAL DRUG OR ALCOHOL INTERACTION: INDICATES A MATCH FOR INTERACTION WITH A DRUG COUNSELOR, PSYCHIATRIC CARE OR MEDICAL INTERVENTION. +5
- POST TRAUMATIC STRESS DISORDER (PTSD): INDICATES THE NEED FOR INTERACTION WITH A TRAUMA OR PTSD SPECIALIST. +6
- THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD, OR OF HURTING YOURSELF +7
- SUICIDAL THOUGHTS: INDICATE THE NEED FOR INTERACTION WITH SUICIDE PREVENTION OR GRIEF COUNSELOR. +7

FIG. 8

900

OUTCOME BASED PATHS AND SCORING FOR DEPRESSION

A. DO YOU WANT TO COLLECT DATA ALL DAY YES/NO

IF NOT, DATA COLLECTION FROM _____ TIME TO _____ TIME (9PM DAILY)

B. WHAT IS THE DESIRED GOAL AND SCORE? (_____)BASELINE UNDER X)

C. CHOOSE COLLECTION LIMIT: (EXACTLY) AT LEAST

D. ACROSS HOW MANY OPPORTUNITIES?_OUT OF _ (MEASURE BASELINE DAILY)

E. HOW WOULD YOU LIKE YOUR DATA CALCULATED AND GRAPHED? (CUMULATIVE AND AVERAGE)

F. FOR HOW LONG DO YOU WANT (SUBJECT) TO MAINTAIN THE SCORE IN ORDER TO CONSIDER THIS GOAL/OBJECTIVE MASTERED? (_) OUT OF (_) (AVERAGE INTERVAL) OF (_) MONTHS

G. PROJECTED CLOSURE DATA FOR GOAL/OBJECTIVE (TIMELINE TO MASTER OR REASSESS) 6 MONTHS

H. Y AXIS LABEL - Y/N

I. BASELINE MODE—(ON) OR OFF

J. OPTION TO ADD TO GOAL BANK: Y/N

K. GOAL INSTRUCTIONS/DIRECTIONS

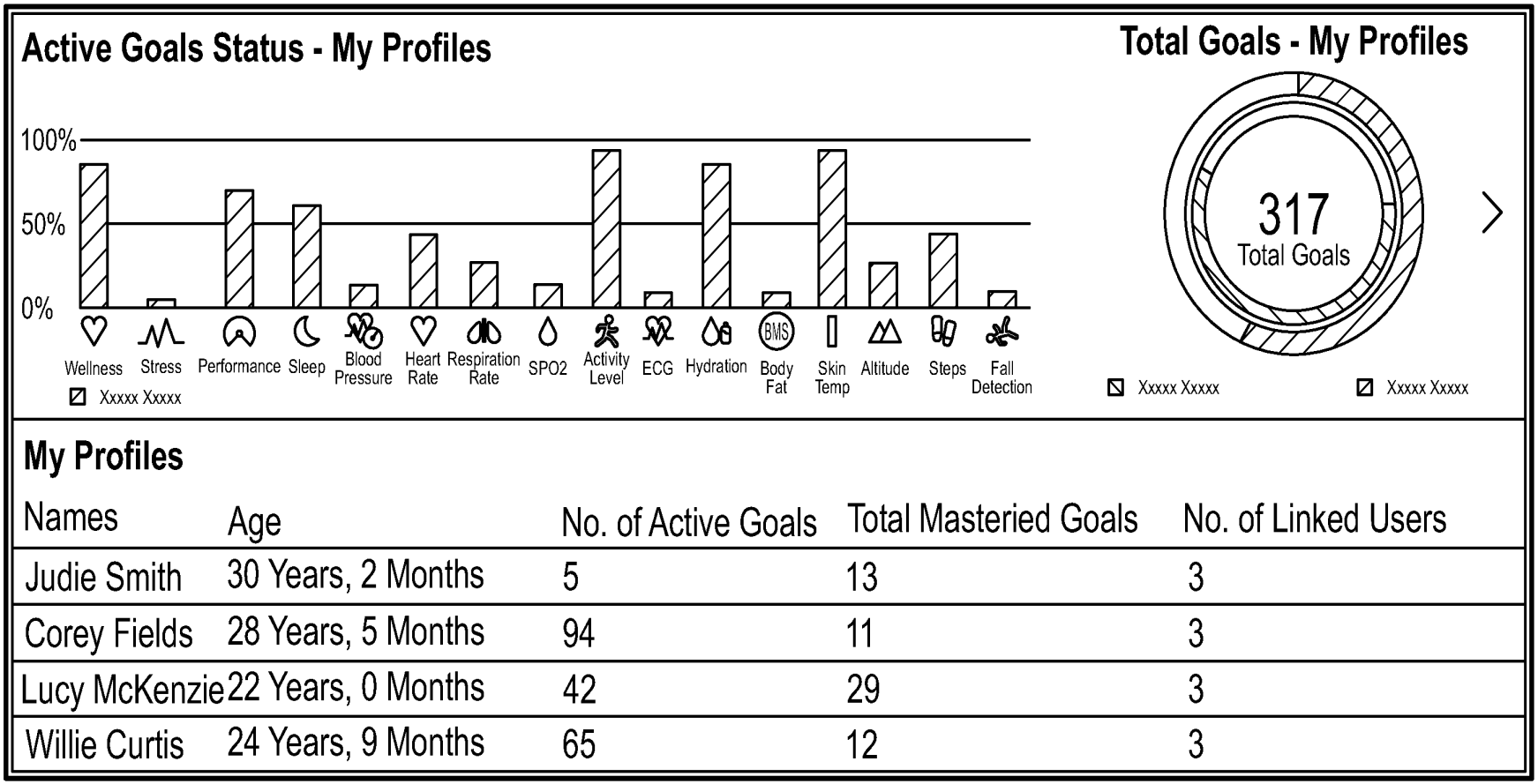
L. SPECIAL PERMISSIONS RELATED TO DATA COLLECTION - Y/N

M. ALERT RECIPIENTS - Y/N

N. CUSTOMIZED MODIFICATION TO DATA ANALYSIS RULES IF APPLICABLE Y/N

FIG. 9

1000



My Profiles

Names	Age	No. of Active Goals	Total Masteried Goals	No. of Linked Users
Judie Smith	30 Years, 2 Months	5	13	3
Corey Fields	28 Years, 5 Months	94	11	3
Lucy McKenzie	22 Years, 0 Months	42	29	3
Willie Curtis	24 Years, 9 Months	65	12	3

FIG. 10

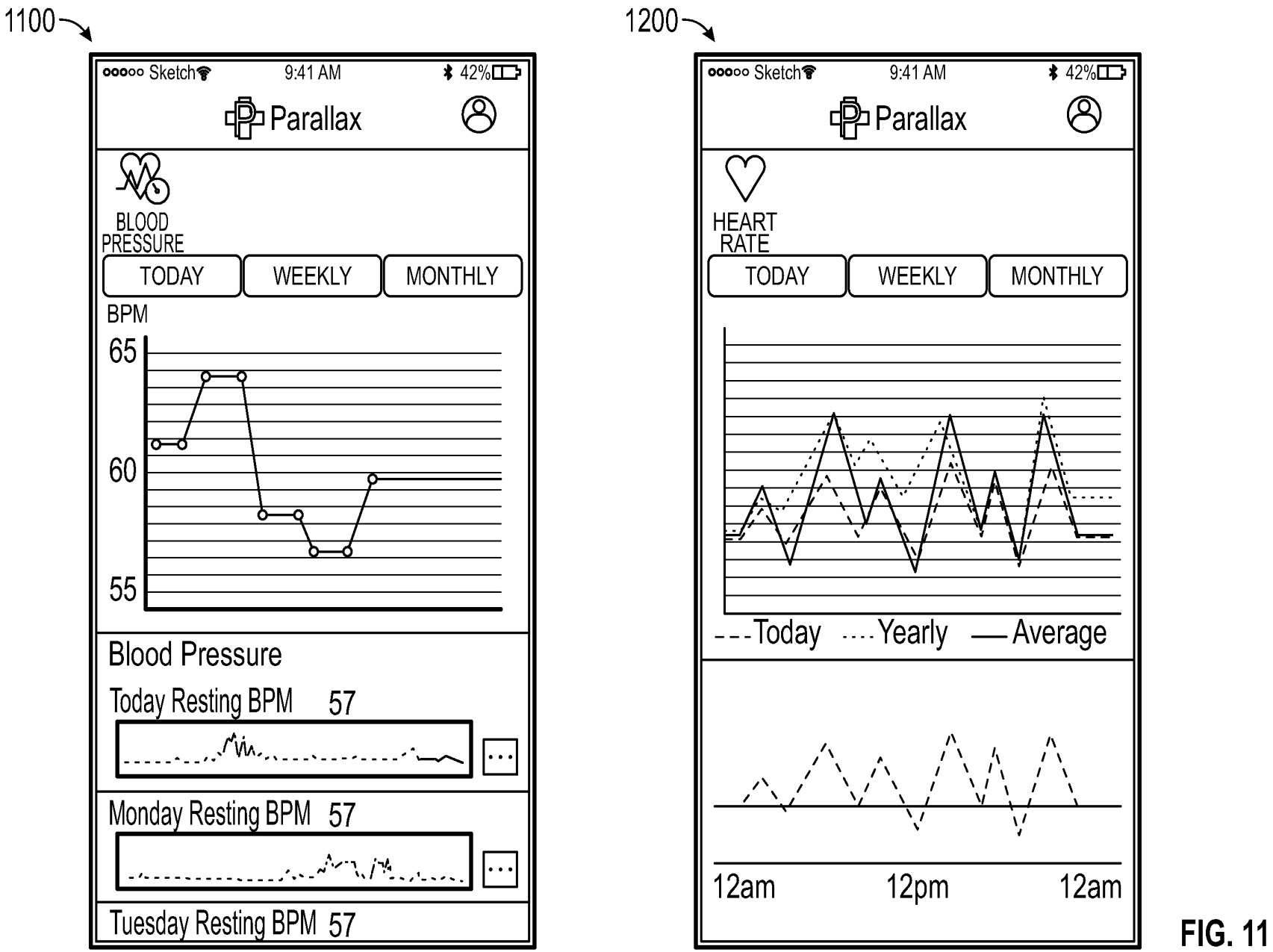

1100
Sketch
9:41 AM
42%
Parallax
BLOOD PRESSURE
TODAY
WEEKLY
MONTHLY
BPM
65
60
55
Blood Pressure
Today Resting BPM 57
Monday Resting BPM 57
Tuesday Resting BPM 57
1200
Sketch
9:41 AM
42%
Parallax
HEART RATE
TODAY
WEEKLY
MONTHLY
Today
Yearly
Average
12am
12pm
12am

FIG. 11

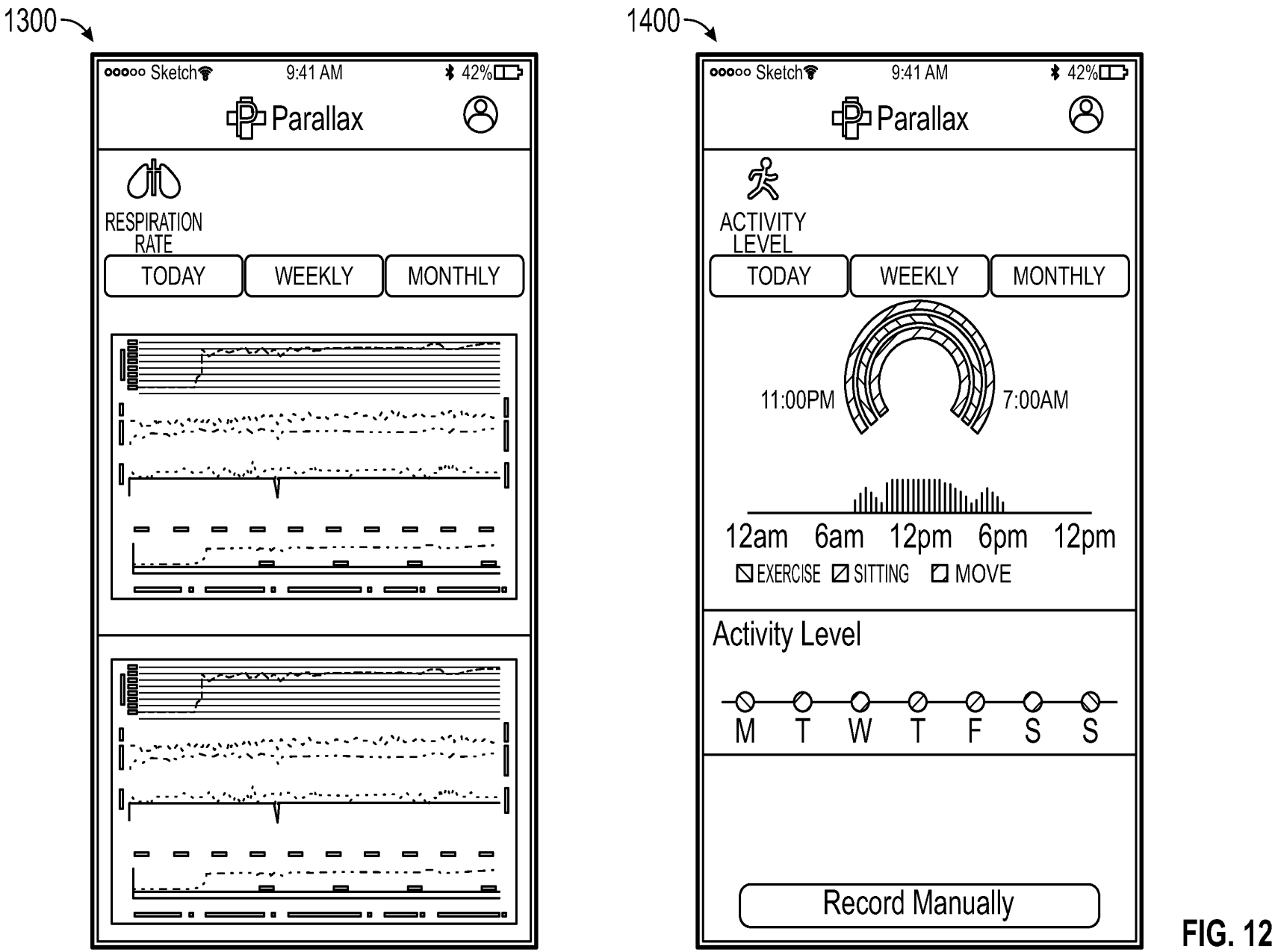

1300
Sketch
9:41 AM
42%
Parallax
RESPIRATION RATE
TODAY
WEEKLY
MONTHLY
1400
Sketch
9:41 AM
42%
Parallax
ACTIVITY LEVEL
TODAY
WEEKLY
MONTHLY
11:00PM
7:00AM
12am
6am
12pm
6pm
12pm
EXERCISE
SITTING
MOVE
Activity Level
M
T
W
T
F
S
S
Record Manually

FIG. 12

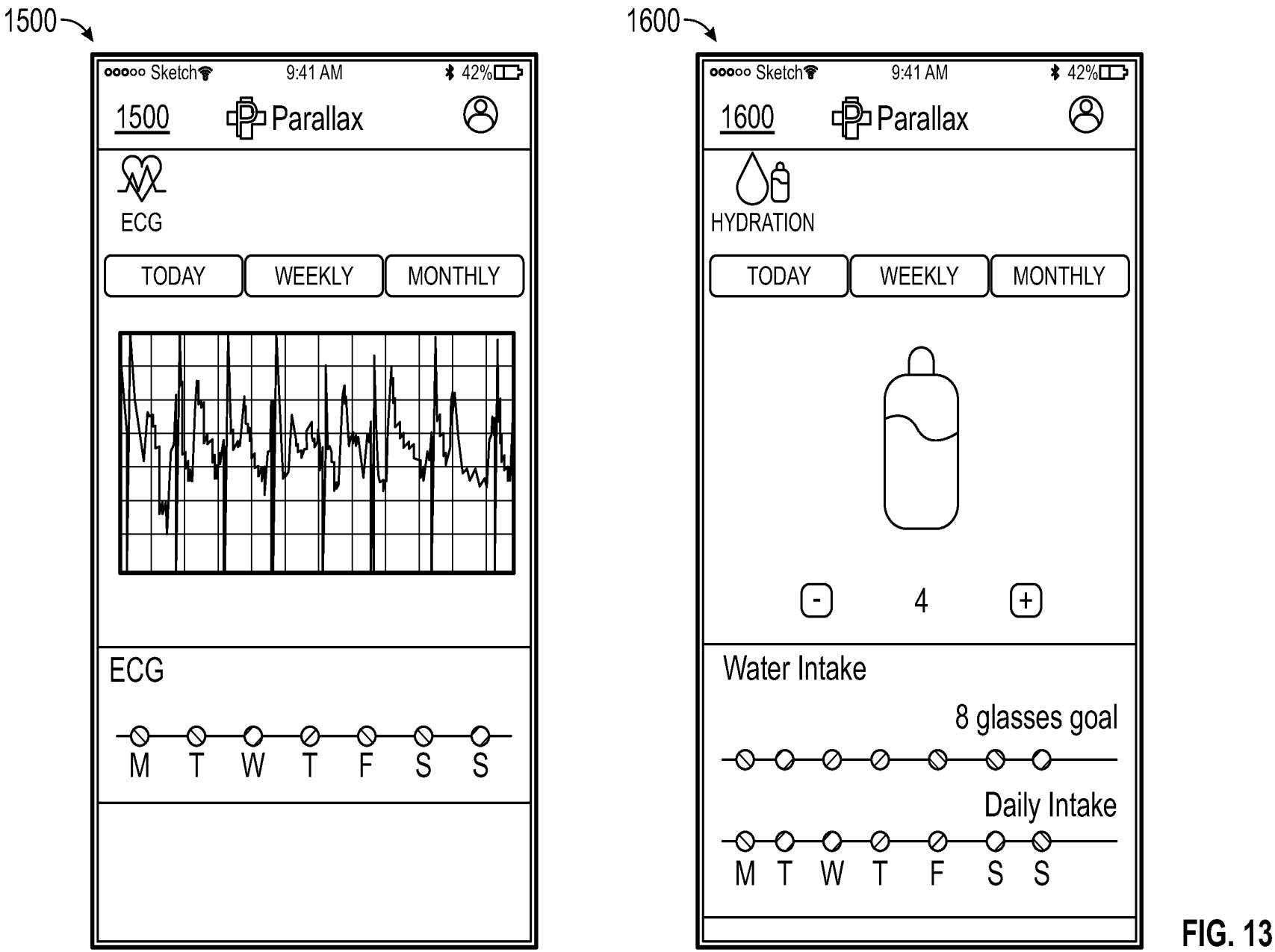

1500
Sketch
9:41 AM
42%
1500
Parallax
ECG
TODAY
WEEKLY
MONTHLY
ECG
M T W T F S S
1600
Sketch
9:41 AM
42%
1600
Parallax
HYDRATION
TODAY
WEEKLY
MONTHLY
-
4
+
Water Intake
8 glasses goal
Daily Intake
M T W T F S S

FIG. 13

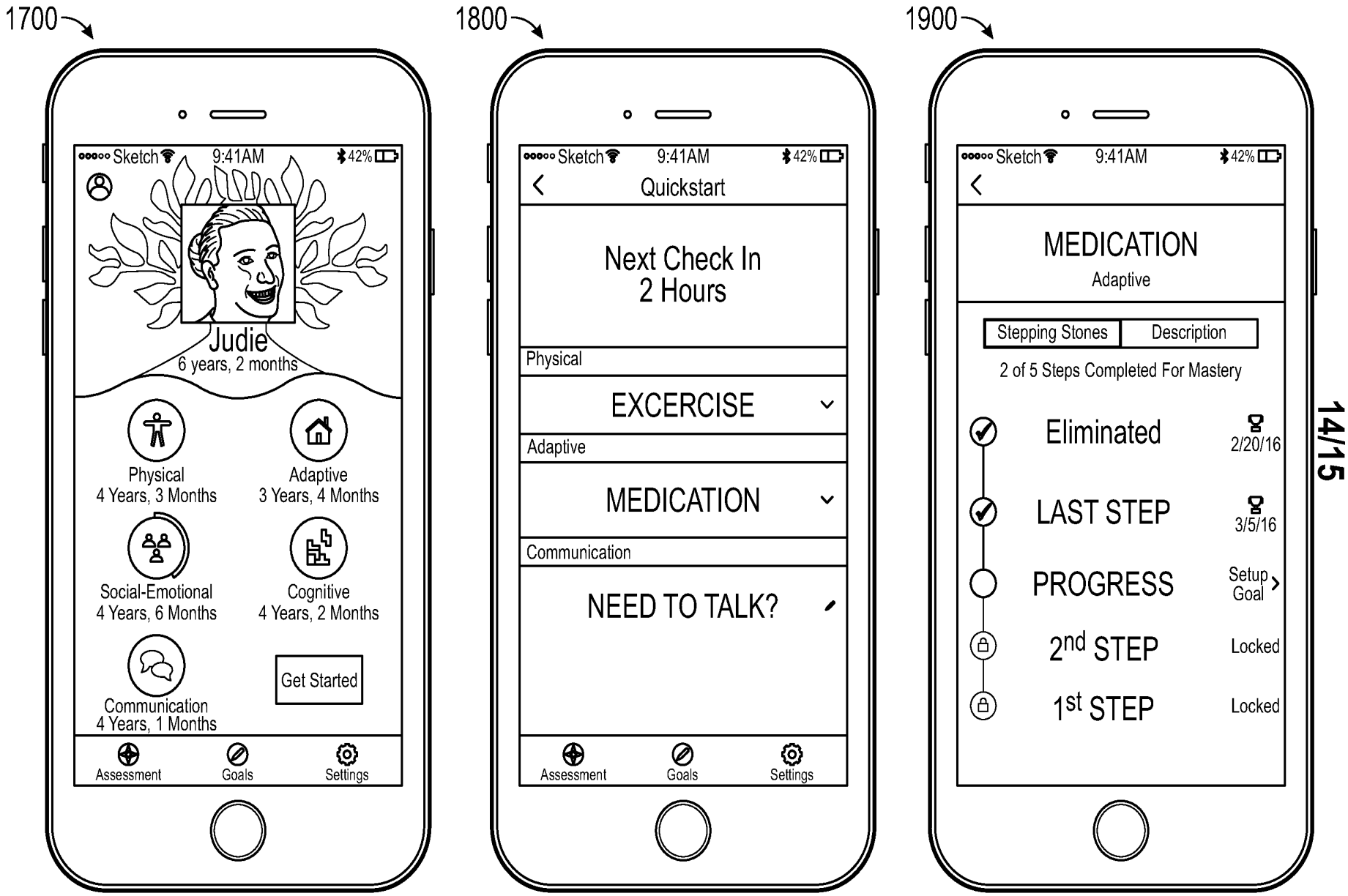

1700
Sketch 9:41AM 42%
Judie
6 years, 2 months
Physical
4 Years, 3 Months
Adaptive
3 Years, 4 Months
Social-Emotional
4 Years, 6 Months
Cognitive
4 Years, 2 Months
Communication
4 Years, 1 Months
Get Started
Assessment
Goals
Settings
1800
Sketch 9:41AM 42%
Quickstart
Next Check In
2 Hours
Physical
EXCERCISE
Adaptive
MEDICATION
Communication
NEED TO TALK?
Assessment
Goals
Settings
1900
Sketch 9:41AM 42%
MEDICATION
Adaptive
Stepping Stones
Description
2 of 5 Steps Completed For Mastery
Eliminated
2/20/16
LAST STEP
3/5/16
PROGRESS
Setup Goal
2nd STEP
Locked
1st STEP
Locked

FIG. 14

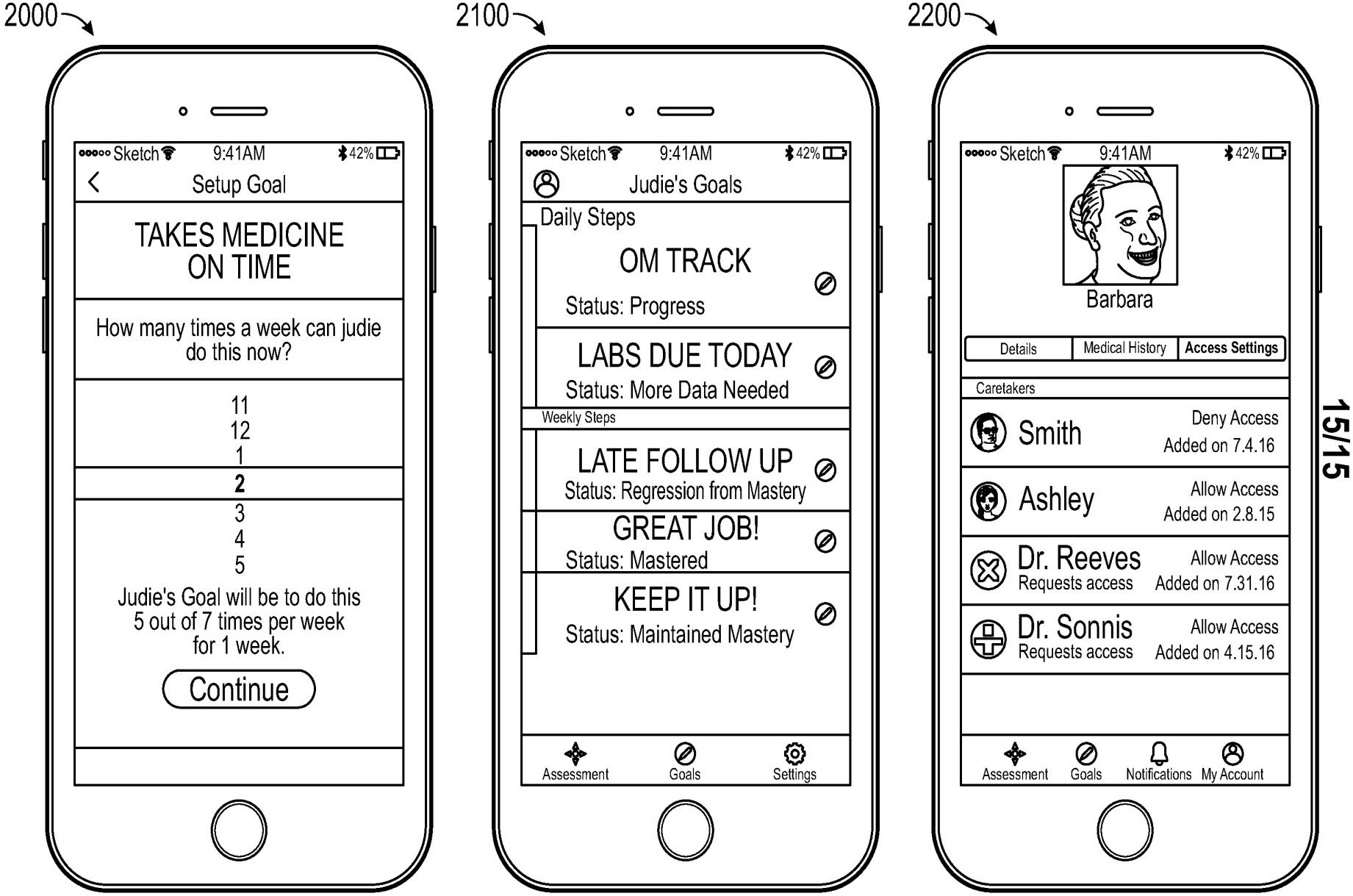

2000
Sketch 9:41AM 42%
Setup Goal
TAKES MEDICINE ON TIME
How many times a week can judie do this now?
11
12
1
2
3
4
5
Judie's Goal will be to do this 5 out of 7 times per week for 1 week.
Continue
2100
Sketch 9:41AM 42%
Judie's Goals
Daily Steps
OM TRACK
Status: Progress
LABS DUE TODAY
Status: More Data Needed
Weekly Steps
LATE FOLLOW UP
Status: Regression from Mastery
GREAT JOB!
Status: Mastered
KEEP IT UP!
Status: Maintained Mastery
Assessment
Goals
Settings
2200
Sketch 9:41AM 42%
Barbara
Details
Medical History
Access Settings
Caretakers
Smith
Deny Access
Added on 7.4.16
Ashley
Allow Access
Added on 2.8.15
Dr. Reeves
Requests access
Allow Access
Added on 7.31.16
Dr. Sonnis
Requests access
Allow Access
Added on 4.15.16
Assessment
Goals
Notifications
My Account

FIG. 15

15/15

SYSTEM AND METHOD FOR ACHIEVING GOALS

RELATED APPLICATIONS

[0001] This application is a continuation of U.S. Application Serial No. 17/546,594 filed on December 9, 2021 which is a continuation of U.S. Application Serial No. 17/499,725 filed on October 12, 2021 which is a continuation of U.S. Application Serial No. 16/141,471 filed on September 25, 2018 issued as Patent No. 11,144,554 which is a continuation-in-part of U.S. Application Serial No. 16/053,141 filed on August 2, 2018 issued as Patent No. 11,151,142 which claims the priority benefit of U.S. Application Serial No. 61/791,218 filed Mar 15, 2013 and U.S. Application Serial No. 14/212,429 issued as Patent No. 10,061,812 and filed on March 14, 2014.

BACKGROUND

[0002] The ability of organizations, hospitals, schools, businesses, individuals, and others to meet goals is, and always will be, a significant challenge. In particular, it is important to recognize and treat problems and issues that prevent goals and other objectives from being achieved. For example, organizations and institutions that help individuals with disabilities and significant emotional or behavioral challenges have improved their processes in recent years. In particular, more individuals with physical disabilities, autism, chemical imbalances, mental disorders, behavioral problems, drug addictions, and other conditions are being served each year. Improved assessment, medications, training, treatment processes, and education, have provided solutions for addressing the concerns of individuals with special needs.

[0003] However, electronic systems, equipment, software, and processes for tracking, treating, and recording results, such as for individuals with special needs, have not improved as significantly. For example, some organizations still use paper documents and charts to track individuals' information or a single computing system available from only one location to enter and review data. As a result, viewing, updating, managing, and sharing, relevant information may be more difficult than it should be.

SUMMARY

[0004] Illustrative embodiments describe a system, method, server, and computer readable medium for tracking progression toward one or more goals. Input is received establishing one or more clients. The one or more client(s) are individual(s) receiving treatment or assistance. The data associated with the one or more clients are stored in a server available through one or more networks. Each of the one or more clients are assigned to an account. A baseline associated with each of the one or more clients is created. Goals are set for each of the one or more clients. Data is automatically captured utilizing one or more monitoring devices associated with each of the one or more clients. Data associated with each of the one or more clients is compiled in a server available through one or more networks. A determination is made where the goals are being met in response to the thresholds for the compiled data. Alerts are automatically communicated in response to the compiled data varying from a threshold to become significant for one of the one or more clients.

[0005] Another embodiment provides a system, method, server, and computer readable medium for tracking goal progression. Input establishing accounts for a client is received. The client is an individual receiving treatment or assistance. The accounts are stored in a server available through one or more networks. Goals and a plan of action are set for the client in response to treatments and assistance required. Data associated with the client received one or more monitoring devices associated with the client. A determination is made whether thresholds associated with the goals are being met based on the compiled data. The illustrative embodiments also provide a computer or server including a processor and memory for performing the process herein described and a computer readable medium including a non-transitory memory for tracking outcome specific data.

[0006] In other embodiments, the server may be accessed through a cloud network. A client management program may be executed by computing devices or communications devices utilized to receive the data and track progress of the goals. An intervention may be performed with the one or more clients in response to the alerts. The intervention may be performed. Each of the goals may be associated with a plan of action for achieving each of the goals. A baseline of goals and/or data of the clients may be established. The goals may be established by the clients. A determination may be made whether modifications to the goals

are required in response to the compiled data. The goals may be modified in response to the compiled data indicating the goals are not achievable.

[0007] In some embodiments, the server is accessed through a cloud network, and wherein an application executed by the computing or communications devices is utilized to receive user input.

[0008] In some embodiments, the method further comprises: establishing goals for the clients, wherein the data indicates a status of the goals.

[0009] In some embodiments, the method further comprises data mining the data to determine best practices.

[0010] In some embodiments, the method further comprises recommending the best practices in response to the best practices being associated with a client assigned to the account.

[0011] In some embodiments, the data includes at least intervention plans, goals and objectives, recorded activities, and general notes.

[0012] In some embodiments, the method further comprises: communicating an alert in response to the data for each of the clients reaching a threshold associated with the alert.

[0013] In some embodiments, the method further comprises receiving the data through a number of collection methods including task analysis, intensive trial teaching, interval recording, time recording, frequency, percentage data, and a reinforcement recorder.

[0014] In some embodiments, the method further comprises tracking a time and occurrence number of client actions in response to input from the one or more monitoring devices or the clients, and indicating a status of goals for the clients in response to the data.

[0015] In some embodiments, the method further comprises reporting outcomes in response to data compared against a minimum growth line.

[0016] In some embodiments, the data includes at least intervention plans, goals and objectives, recorded activities, and general notes.

[0017] In some embodiments, the set of instructions are further executed to recommend best practices for utilization with the clients.

[0018] In some embodiments, the set of instructions are further executed to receive the data through a number of collection methods includes task analysis, intensive trial teaching, interval recording, time recording, frequency, percentage data, and a reinforcement recorder.

[0019] In some embodiments, the controller is accessible by a number of mobile devices, a number of computing devices, and a web interface.

BRIEF DESCRIPTION OF THE DRAWINGS

[0020] Illustrative embodiments of the present invention are described in detail below with reference to the attached drawing figures, which are incorporated by reference herein and wherein:

[0021] FIG. 1 is a pictorial representation of a health system in accordance with an illustrative embodiment;

[0022] FIG. 2 is a block diagram of a controller in accordance with an illustrative embodiment;

[0023] FIG. 3 is a block diagram of a recorded data module in accordance with an illustrative embodiment;

[0024] FIG. 4 provides a chart illustrating data collection in accordance with an illustrative embodiment;

[0025] FIG. 5 is a flowchart of a process for generating a goal in accordance with an illustrative embodiment;

[0026] FIG. 6 is a pictorial representation of a monitoring environment in accordance with an illustrative embodiment;

[0027] FIG. 7 is a flowchart of a process for utilizing data in accordance with an illustrative embodiment;

[0028] FIGs. 8 and 9 illustrate pictorial representations of outcome-based paths and scoring for depression in accordance with illustrative embodiments;

[0029] FIG. 10 is a pictorial representation of a user interface 1000 in accordance with an illustrative embodiment; and

[0030] FIGs. 11-15 are pictorial representations of user interfaces of a mobile application in accordance with an illustrative embodiment.

DETAILED DESCRIPTION OF THE DRAWINGS

[0031] The illustrative embodiments provide systems, methods, servers, techniques, platforms, instruction sequences, computer program products, and networks for optimizing, managing, and tracking data driven outcomes. In one embodiment, a multi-dimensional platform is provided to facilitate data-driven outcomes processes through assessment, goal development, data tracking, graphing, and re-evaluation. In the embodiments, best practices, successful actions, and plans are identified through automatic data-mining and analysis as well as user specified parameters, algorithms, and analytics.

[0032] The illustrative embodiments are applicable to more than just behavioral management. The illustrative embodiments may be adapted to any number of fields, systems, or environments for which an outcome process is identified. The recipient or focus of the outcome process is a subject, the subject may be a client, patient, student, service provider, program, product, service, device, organization, business, department, or so forth. The subject may also be referred to herein as a client.

[0033] The illustrative embodiments may be applied to distinct outcome processes and content that involve the same or similar steps as described herein, such as client behavior management, educational instruction, school improvement activities, program evaluation, organizational key performance indicators, financial management, weight management, tracking insurance claims, or so forth. As used herein the term "or" is not mutually exclusive.

[0034] The illustrative embodiments may include a health network and system utilized to record, manage, and track progress data. One or more system administrators may manage the

system for multiple service providers. As referred to herein a provider is an organization, business, group, school, facility, user, or caregiver, working toward specific goals or objectives. The users may specify goals or objectives. In some instances, goals and objectives are referred to simply as goals. Individuals being cared for may be referred to as clients, patients, students, individuals, or recipients.

[0035] Illustrative embodiments allow for full customization of different variables, such as hierarchical structure, subject title, roles, goal content, assessment variables, strategies and interventions, and underlying rules governing data analysis as needed by the user. In another embodiment of the system, the different users may be program administrators, providers, caregivers, IT support, and so forth. The labels specified for different variables and users may be assigned based on roles, levels of function, permissions within the system, and so forth. The illustrative embodiments may be customized to a desired level of functionality and for specific hierarchies.

[0036] The illustrative embodiments may be utilized to manage organizational quality improvement efforts and activities. As a result, organizations may more easily record and track progress to meeting individual, group, or institutional goals. In one embodiment, the described system is applicable to a behavioral health system, but is equally applicable to different conditions, environments, and situations. The ongoing behavioral health example is given for purposes of further illustrating the concepts.

[0037] In one example, the described embodiments may be utilized to assist and serve children and adults with disabilities, or significant emotional or behavioral challenges. The embodiments may be utilized in a patient-centered model, to provide continuous and coordinated services from early intervention, short-term stabilization, and residential services to substance abuse treatment, outpatient services, educational, and career and technical training. The illustrative embodiments may also be utilized for program or organization evaluation.

[0038] In one embodiment, a health network and system may be utilized to provide software as a service (SaaS). For example, a health network provider may make server-level applications, local applications, web programs, and mobile applications available to a number of providers. Individual users may then enter, retrieve, manage, and view information and data

through any number of wired or wireless computing and communications devices. The different software may be updated as new versions are released. As a result, comprehensive systems and software services may be quickly rolled out to the providers. The individuals may be added, deleted, or managed from a number of remote locations. In one embodiment, the existing medical records including files and databases may be integrated with the health network and system to ease any transition concerns. In other embodiments, existing paper records may be digitized for utilization with the health network. Information from existing electronic medical records and systems may be uploaded for immediate utilization. The illustrative embodiments may be utilized to communicate with external databases including importing and exporting medical, financial, or other sensitive records if the correct authorizations are verified.

[0039] In one embodiment, the health network may utilize a cloud network to provide access. The cloud network may allow the system provider to license the system and software more efficiently. The system provider may control the system hosts, client profiles, security access, permissions, key access, and other controls.

[0040] In one embodiment, the described systems and method may be utilized to assess client outcomes to provide data to evaluate a variety of diagnostic, cultural, treatment, and regulatory priorities. Shared and collaborative information may result in team sharing of information for providing automated processes for real-time monitoring of progress and outcomes. The illustrative embodiments provide a systematic data collection and analysis system and process.

[0041] The embodiments may utilize a highly structured outcomes analytics program that assists users in collecting, graphing, and analyzing client-related outcome data. In one embodiment, a provider-defined Analysis of Influences Matrix (AIM) is considered to assess factors associated with a lack of progress to substantiate changes to service methodology. The AIM process may be used to determine needs, propose goals to address, and better match service components to optimize outcomes. In one embodiment, the illustrative embodiments may be referred to as Reliable Evidence Based Outcomes Optimization Technologies (REBOOT). The embodiments may be available to professionals, doctors, teachers, and clinicians as well as family members to facilitate the effectiveness of care and service plans. The data may be collected at the client, service, program, and organization levels to drive

comprehensive quality improvement efforts. The illustrative embodiments provide a systematic method of pinpointing staff training needs, identifying departmental resources and programming needs, and developing processes to evaluate the utilization of best practices to improve outcomes.

[0042] The illustrative embodiments may be effective for addictions (e.g., drug abuse, gambling, sex addiction, etc.), mental health/disorders, and other recoveries, diseases, or conditions for which people seek treatment or help. The illustrative embodiments may be utilized to score a client's progress (positive, negative, neutral) based on numerous factors, values, conditions, and goals. The progress may be recorded utilizing a score. The score and other information may be communicated to any number of parties. As needed, the client information may be utilized to match providers with clients based on applicable information and data.

[0043] In one example of a health system, goal mastery rates across programs that utilize the described processes and embodiments have improved from 35%-81% and have sustained above 80%. At the same time, coercive behavior management interventions have been reduced dramatically. The resulting increases in both client and staff safety indices correlate significantly with associated cost reductions to the organization. The illustrative embodiments decrease delivery costs despite the increases in sophistication over the existing systems.

[0044] The illustrative embodiments may improve client functioning, reduce client and staff injuries, reduce program costs, and mobilize a trans-disciplinary wrap-around system and process that "owns" the actualization of sustainable positive outcomes. The positive results indicate that it is possible to make gains in the independence and quality of life for clients with disabilities, while improving the viability of both the organization and the naturalistic support community as well.

[0045] The following paragraphs provide information that help understand the illustrative embodiments and the processes utilized to measure and achieve goals. As used herein, a baseline may be initial data obtained when the identified goal is first implemented. For example, an initial score and date may be obtained as part of the baseline. A mastery level may be the score, or achievement required to master a goal or objective. For example, a measurable

activity may need to be performed at the mastery level a number of times over a duration of time before the goal is considered achieved.

[0046] The duration may be a length measure in time or a number of times an activity is performed at the mastery level or goal is reached. A projected closure date is the date at which the goal will end. The projected closure date is utilized to keep users and clients focused on reaching a designated goal in a reasonable time period. For example, depending upon procedural and regulatory parameters, a projected closure date may be pre-determined (e.g., one year) or may be set by user or agent specification of timeline (e.g., organizational key performance indicators may be set annually). The final mastery window may be the projected closure date minus duration. The final mastery window may represent the last window of opportunity to reach and maintain the mastery level before the goal ends.

[0047] The minimum growth line is a graphical line that runs from the baseline date and score (rating on graph) to the mastery level on the date that starts the final mastery window. The end of the minimum growth line starts the final mastery window and indicates the last possible timeframe during which the goal may be mastered before the goal expires. The minimum growth line is a reference point against which ongoing data ratings are compared to assess status and level of progress. The minimum growth line is not a prediction of how the actual data points will present, but simply a reference line against which the actual data points are compared. Assessing status is determined as data are graphed and compared with the minimum growth line. For example, the system may determine the status automatically utilizing pre-determined rules.

[0048] In one embodiment, each organization may set rules that are utilized by the system to determine whether goals and other criteria are met. For example, a client may be deemed to be progressing if when reviewing three of the most recent data points at least two of the three are better than the minimum growth line (e.g., higher than the upward-sloping minimum growth line or the mathematical indicator corresponding to the time period, lower than the downward slanting minimum growth line, etc.) The status may also be color coded. For example, green may indicate that the client is progressing.

[0049] A client's goal may be determined to not be on track if two of the three most recent data points are worse than the minimum growth line. If three consecutive data points are worse

than the minimum growth line, the third data point may have a status identified as "significant." The significant rating may be marked. For example, the significant rating may be marked in red, highlighted, flash, or so forth. In one embodiment, identification of a significant data point may trigger an AIM-review process to evaluate possible factors inhibiting progress on the goal and to identify changes to the AIM factors that are hypothesized to facilitate progress. The results of the AIM review are noted, and a phase change may be noted on the graph. In one embodiment, the phase change may be indicated by a change in a data symbol, color, background color, label, or other indicator.

[0050] In another embodiment, a status of mastered may be given when the mastery level is maintained for an amount of time specified in the duration. For example, mastery may be indicated by a purple star around the data point that meets the criteria. Once a status of mastered is given, maintained mastery is a status given for all subsequent data points that reach or are better than the mastery level. Once a status of mastered is given, all subsequent data points that fall worse than the mastery level (higher for downward-sloping minimum growth line and lower for upward-sloping minimum growth line) are given the status of regression from mastery. When three consecutive ratings are given the status of regression from mastery, the third rating is identified as regression from mastery and significant. For example, a data point associated with regression from mastery may be noted with a red circle, and an AIM review is prompted as previously cited. Each service provider may specify thresholds, criteria, or rules that are utilized to determine the differences between statuses. For example, two consecutive ratings or a specified number may be utilized to determine deviations or significance.

[0051] In one embodiment, when the goal reaches the projected closure date, the goal is given a final status based on the last status entry. Goal mastery data may be analyzed in any number of ways. Final status rates may be calculated and may be assessed by any level of the agent hierarchy (e.g., by client, by service provider, by service type, by location, organization-wide). Status reports may be generated as needed to assess the current status of goals (not yet ended) by any level of the agent hierarchy. In one embodiment, reports may be generated to provide a listing of all goals whose current status is significant.

[0052] The illustrative embodiments may also allow multidimensional analysis of subject, goal, service, and intervention by final status outcomes to generate formulas for best practices by any of these parameters. For example, a specific subject type might be most successful with

a particular goal when a specific intervention is provided. Other analyses may indicate typical timelines for reaching particular outcomes by any of these parameters.

[0053] FIG. 1 is a pictorial representation of a health system 100 in accordance with an illustrative embodiment. The health system 100 may include any number of systems, devices, or equipment. For example, the health system 100 may utilize existing medical record servers, databases, electronic files, and systems. The health system 100 may also include any number of customized or proprietary systems, software, equipment, devices, or other components that are described herein.

[0054] In one embodiment, the health system 100 may include a health network 102 and a management system 103. The health network 102 may include hardware and software components including servers 104, file servers 106, databases 108, and software 110. The health system 100 and the health network 102 are configured to serve numerous customers or providers including Provider A 112 and Provider B 114. Each of the customers may include any number of networks, servers, computing devices, wireless devices, or network equipment, systems, and so forth. In one embodiment, Provider A 112 may utilize a server 116, a computer 118 displaying a graphical user interface (GUI) 120, and an electronic medical record (EMR) 122.

[0055] The Provider A 112 may further utilize a network 124 and wireless devices 126, 128, and 130 jointly "wireless devices 132"). Provider B 114 may utilize a network 134, a computer 136, and wireless devices 138, 140, and 142 (jointly "wireless devices 144"). The wireless devices 132 and 144 may be utilized when connected to a network or offline. The information and data may be entered utilizing a keyboard, speech recognition, imaging system, microphones, or any number of other devices or peripherals known in the art.

[0056] In one embodiment, the management system 103 is one or more devices utilized to enable, initiate, route, and manage communications between one or more computing and communications devices and providers, such as Provider A 112 and Provider B 114. The management system 103 may include one or more devices networked to manage the health network 102. For example, the management system 103 may include any number of servers, routers, switches, or advanced intelligent network devices. The health network 102 sends and receives the electronic signals through any number of transmission mediums. The health

network 102 may include various fiber optics, cables, transmission towers, antennas, or other components for transmitting data, communications, information, and files.

[0057] The health network 102 may represent any number of communications networks and connections including wired or wireless networks, data or packet networks, cable networks, satellite networks, private networks, publicly switched telephone networks (PSTN), or other types of communication networks. For example, communications within the health environment 102 may occur utilizing satellite connections, Wi-Fi, WiMAX, cellular networks, and/ or hardwired connections, such as fiber optics, T1, cable, DSL, standard telephone lines, Ethernet, power line networking, or other digital or analog communications connections. Any number of communications architectures including client-server, network rings, peer-to-peer, tiered networks, application servers, distributed networks, or other network systems may be utilized.

[0058] In one embodiment, communications utilizing the wireless devices 112 and 114 may occur directly or through network devices using communications protocols, such as time division multiple access (TDMA), code division multiple access (CDMA), global systems for mobile (GSM) communications, personal communications systems (PCS), Wi-Fi, WLAN, WiMAX, or other frequently used cellular and data communications protocols and standards. The wireless devices 112 and 114 may include cellular phones, smart phones, personal digital assistants (PDA), mp3 players, laptops, the readers, evolution data optimized (EDO) cards, hybrid devices, tablets, multi-mode devices, and other wireless communication devices and components.

[0059] FIG. 2 is a block diagram of a server 200 in accordance with an illustrative embodiment. In one embodiment, the server 200 may include a processor 202, a memory 204, a database 206, logic 208, a user interface 210, system administrators 212, provider administrators 214, service providers 216, settings 218, permissions 220, users 222, clients 224, data 226, alerts and notifications 228, and reporting 230, and an interface 232. The data 226 may include service delivery 234, goals and objectives 236, recorded data 238, and general notes 240. As referenced herein clients are any individual, parties, groups, process, subject, device, or organization on which data is collected.

[0060] The server 200 may communicate with networks 242, systems 244, and electronic devices 246 utilizing applications 248. In one embodiment, the server 200 is a computing device or group of networked or distributed computing devices. The server 200 may have any number of hierarchical users including, system administrators 212, provider administrators 214, service providers 216, IT support, support staff, caregivers, and other similar users. In one embodiment, to add any of the described entities, groups, or users to the server 200, any of the following information or data may be required: name (e.g., first, last, username, nickname, etc.), email address, image, mobile telephone number, work number, role (e.g., system administrator, service providers, parent, etc.), user identification, password, designated supervisor, comments, and other related information.

[0061] The processor 202 is circuitry or logic enabled to control execution of a set of instructions. The processor 202 may be microprocessors, digital signal processors, application-specific integrated circuits (ASIC), central processing units, or other devices suitable for controlling an electronic device including one or more hardware and software elements, executing software, instructions, programs, and applications, converting and processing signals and information, and performing other related tasks. The processor 202 may be a single chip or integrated with other computing or communications elements.

[0062] The memory 204 is a hardware element, device, or recording media configured to store data for subsequent retrieval or access at a later time. The memory 204 may be static or dynamic memory. The memory 204 may include a hard disk, random access memory, cache, removable media drive, mass storage, or configuration suitable as storage for data, instructions, and information. In one embodiment, the memory 204 and processor 202 may be integrated. The memory may use any type of volatile or non-volatile storage techniques and media.

[0063] The database 206 may be utilized to store the data 226. The database 206 may include a database management system such as SQL (and variations), Access, Oracle, and DB2. In one embodiment, the interface 232 may include a transceiver configured to both transmit and receive communications for the server 200. The networks 242, systems 244, wireless devices 246 and applications 248 may represent all or a portion of the health system 100 of FIG. 1, such as Provider A 112 or client 114. The database 206 may be configured for data mining of available information and data as is known in the art.

[0064] In another embodiment, the server 200 may act as a web server hosting content that may be retrieved and managed. The illustrative embodiments may be implemented utilizing a web browser for entering, updating, and managing information, goals, activities, and other 226 data. In one embodiment, the software, information, and data utilized by the server 200 may be indexed, archived, or otherwise made available for queries and secured web-based searches. As a result, the users 222 may search the data 226 based on the applicable settings 218 and permissions 220 to determine best practices.

[0065] In one embodiment, information, settings, and data utilized by the server 200 is saved or duplicated to one or more redundant systems for backup, failover, or network purposes utilizing any number of backup standards, formats, or protocols. The various components of the server 200 may represent an application that is stored in the memory 204 and executed by the processor to perform the illustrative embodiments. The server 200 may host an application that communicates with other devices executing a local copy or version of the application (e.g., applications 248). Data may be similarly be synchronized and shared between applications in real-time or near real-time. As a result, multiple users 222 may be able to edit the data 226 simultaneously or concurrently while seeing the changes made by their counterparts.

[0066] In one embodiment, the system administrators 212 may control upload of the provider administrators 214, service providers 216 and clients 224 into the systems of the server 200. The system administrators 212 may be allowed to manage the setup of information, settings rules governing data analysis, and modules for the provider administrators 214. In one embodiment, the system administrators may be prevented from seeing specific types of data. However, in one example, general information, such as effectiveness of the service delivery 234 (e.g., a specific treatment plan) and the associated data 226 may be made available to the system administrators 212 for further enhancing the server 200 and providing additional actions and best practices to a number of clients that the system administrator 212 manages. In one embodiment, different provider administrators 214 associated with different organizations may be assigned to each of the system administrators 212 as a caseload. Service providers 216 may be similarly assigned as needed.

[0067] Provider administrators 214 may be provided unique access to the server 200 through a user interface 210. The user interface 210 may be represented by programs, applications, secure access protocols or systems made available through the server 200, such

as the user interface 210, or alternatively, the applications 248, or the systems 244. The user interface 210 may present a dashboard or portal for managing the described information and data. In one embodiment, the provider administrators 214 functions of the user interface 210 may be accessed through a desktop application interface or webpage. The provider administrators 214 may have complete read/write access to the user accounts represented by the service providers 216 including the settings 218, permissions 220, clients 224 and data 226. In one embodiment, the user interface 210 may display any number of icons, images, drop-down menus, videos, hyperlinks, internal links, scroll wheels, tabs, Windows, or other selection or display components.

[0068] The provider administrators 214 may have the capacity to add, edit, archive, and delete users 222 and the clients 224. The provider administrators 214 may have access to data 226 including service plans 234, goals and objectives 236, recorded data 238, and general notes 240. The user interface 210 may also provide user access for monitoring a patient's behavioral status. The service providers 216 may represent supervisors or may also be users 222 associated with one or more clients 224.

[0069] In one embodiment, the status may be associated with alerts or notifications 228 triggered by built-in system monitoring logic, such as reporting 230, that is intended to guide service providers 216 in their administration of service plans, tracking of recorded data 238, and service provider communications. The server 200 stores and provides access to every recorded service providers 216 interaction with the client file (e.g., updates, general notes 240, recorded data 238, event-triggered notifications, etc.) included in the data 226 or specific to the clients 224. As a result, the service providers 216 may log all activities within a file thereby allowing other service providers 216 to view the activities based on the pre-established settings 218 and permissions. For example, business, hospitals, or schools may have sharing agreements for exchanging data while still complying with the applicable laws and industry practices. Provider administrators 214 may also post public notes, comments, alerts, and notifications, associated with data 226 being recorded by the server 200 by the users 222 through the user's accounts. For example, public notes may be accessible to the related service provider 216.

[0070] Provider administrators 214 may manage their team of service providers 216 who work directly with clients 224 to administer information and data, such as goals and objectives

236. The provider administrators 214 may have complete access to the service providers 216 and the clients 224 to assign the clients 224 to individual service providers 216 through the user interface 210. In one embodiment, the service providers 216 represent authorized users able to access all or portions of the server 200 applicable to the service provider, view elements of the service plans 234, view and add goals and objectives 236 for clients 224 that are associated with the service providers 216 to enter data, information, statistics, and record audio and video permitted by the provider administrators 214.

[0071] The users 222 may utilize the applications 248 (e.g., Android, iOS, Windows, etc.) to communicate with the user interface 210 to view data 226. For example, mobile applications executed by the electronic devices 246 may communicate the data 226 that is saved to the server 600. The user interface 210 may provide an easy to navigate and user friendly interface with quick search utilities and filters (e.g., location, caseload, etc.). The user may be granted read only/write access with the capacity of adding new instances. In one embodiment, changes to the client's information, such as service plans 234, goals and objectives 236, recorded data 238, and general notes 240 may be required to be reviewed by supervisors prior to submission. The users 222 may represent support staff, parents, professionals, and in some cases the clients 224 themselves may be given full or limited access to their own data 226. In one embodiment, the users 222 may represent the full hierarchy of individuals associated with clients 224 from administrators to support staff. From each client-dashboard available through the user interface 210, the service provider 216 may have access to a log of interactions associated with the data 226 (e.g., data collection, inactivity alerts, etc.).

[0072] The communications with the server 200 are secured for sensitive electronic protected health information and to comply with applicable laws, such as HIPAA. Communications with the server 200, whether in real-time or file transfers, may be encrypted or utilize other secure data transmission protocols (e.g., SSL, https, security certificates, etc.). The server 200 may also be configured to communicate with any number of databases 206 or systems 244, internal or external, maintained or accessible by the provider administrator 214, such as electronic client records databases. The applications 248 may record information and data even if one of the networks 242 is not currently available or if the wireless devices 246 and the systems 244 are offline. Synchronization methods and modes may be utilized as necessary (e.g., cloud synchronization). In one embodiment, conflicts and synchronization of

information may be presented to the service provider 216 or provider administrators 214. In one embodiment, variance conflicts may be resolved by an automated processes or based on input from the provider administrator 214.

[0073] In one embodiment, users accessing the server 200 through the user interface 210 may be able to view clients 224 by location, caseload, or assignment. For example, the clients 224 may be associated with one or more locations, services, or programs. The locations may allow for further sub categorization, such as national, regional, or local programs. In one embodiment, provider administrators 214 may be able to see clients 224 associated with their respective service providers 216 or treatment team. In one example, the service providers 216 may be presented with a default list of clients 224 that have most recently been reviewed at login with options to search by location, client name, or other identifying information.

[0074] In one embodiment, the data 226 may further specify strengths and abilities, preferences, assistance or accommodations, such as environmental supports, activities of daily living, communication, and other, instruction and intervention strategies, and health and safety information, such as medication and special monitoring or precautions. Each of the authorized users may be able to view additional details by making further selections, such as double tapping a portion of the client data 226 presented on a touchscreen. The data 226 may be further customized or displayed in response to a user selection. For example, in an application focused on health and safety information of a client may include additional information, for example, regarding seizures, bowel movements, special diet, exercise program, and one-on-one services that may be further explored or reviewed.

[0075] In one embodiment, by choosing a heading, the service providers 216 may be presented with information for specific goals and objectives 226. For example, in a behavioral health field, the goals and objectives 226 may include areas, such as coping skills, fine motor skills, and physical aggression. The user may utilize a goal wizard or management function to be able to enter headings as well as detailed descriptions or narratives associated with each heading in a hierarchical format. For example, each of the goals and objectives 236 may include a main heading, a start date, a projected closure date, a goal description, a goal narrative, a lead service provider, a data collection method, email notifications (e.g., for individual users associated with the specific client or information for the client), function, and options. Goals may be opened and closed out at any time and may be viewed in separate files,

such as active and archived. In one embodiment, the data 226 may be associated with mastery scores, baseline information, and objectives. The information may also be prioritized or color-coded as needed.

[0076] In one embodiment, the alerts and notifications 228 may be configured to communicate information. For example, any number of alerts and notifications 228 may be communicated through the interface 232. The interface 232 may be configured to communicate with wired and wireless networks. As a result, the alerts and notifications 228 may represent emails, text messages, in-application messages or alerts, audio, video, picture, or text messages, streaming communication sessions, or other similar alerts, messages, or communications that are sent in real-time or near real-time. The alerts and notifications 228 may also include hyperlinks back to the original source of the alert or notification for easy review and to address further action that may be needed. The alerts and notifications 228 may also utilize a feed to send information to users. The feed may be similar to a newsfeed and may be organized by subject date in which users may create dialogues of streams of information related to a particular topic for a client. Individual users may add to each other's feeds or may create new ones. The user may also be able to view and re-enter the most recently accessed areas of an application utilizing a history or most recently utilized function.

[0077] In one embodiment, the alerts and notifications 228 may include a client name, goal/objective name (e.g. decrease physical aggression, 100% customer satisfaction, register balance, etc.), date of rating, name of user, and link back to the rating. If there are multiple significant ratings in a row the alert may include a note specifying how many (e.g. there are now 6 weeks of activities or data points that are off the minimum growth line). Alerts and notifications 228 are also meant to include positive information, such as a mastered rating that may include a client name, assigned providers, date of rating, name of user, and a link back to the rating. The links may represent hyperlinks or metadata for retrieving the information in a web browser application or through an electronic access system as is herein described.

[0078] Certain activities, once configured, automatically trigger the alerts and notifications 228 to send out information and request a response. For example, every time that a user is required to perform a restraint in a health facility, an alert may be sent out to a specified group of providers, users, and administrators to best care for the client restrained as well as for liability and auditing purposes. The alert may indicate the client name, time, response required, and

name of the person entering information and any specific notes or comments. The alerts and notifications 228 may also send out alerts for data exceptions. For example, if data are not received for three weeks in a row, an alert may be generated indicating the reasons for the exceptions, the user name entering the information, and a link back. The alerts may be automatically sent to supervisors, administrators, or other designated parties.

[0079] In one embodiment, the reporting 230 may be utilized to communicate charts and graphs, track and record progress, determine timeliness of data entry, and other information. The reports may be based on clients, location, service provider, region, or date ranges. The reports are configured to be customizable to track and display a variety of process mechanisms input or entered by a user or administrator based on the specific needs for which the illustrative embodiments are utilized. In one example, the reports may be selected to report, significant scores with no AIM review comment, two or more significant scores in a row, AIM distribution by a client, location, and provider, missing data for more than a time period, or other relevant information. The reports may include quick snapshot reports as well as long-term and comprehensive reports.

[0080] The reporting 230 may be configured to present information graphically utilizing bar charts, pie charts, scatter plots, line graphs, and other similar display messages. Graphical representations may include information embedded in multiple layers for automatically displaying additional information to a user (e.g., displaying identifying information and statistics when hovering over a data point). The reporting 230 may also display information statistically, utilizing percentages, in standard document formats (e.g., Word, Excel, GoogleDocs, etc.).

[0081] In one embodiment, the user may set a date range for information to be displayed and specific goals/objectives active during the date range may be automatically entered or selected by the user for display. A current status may indicate the status for a client or subject for all ongoing activities. A final status report may graphically display goals the final outcome of goals and associated activities that were closed during a specified data range.

[0082] As disclosed herein, the reports may include code categories, which may include mastered, maintained mastery, and regression from mastery. Progress toward a goal may also be displayed with information, such as progress (also progressing, or on track), not on track,

and not on track/significant. Alternative reporting code categories may include "plan expired", "achieved mastery", "closed prior to end date", "ready for discharge", "premature discharge", "entered in error", "discontinued", "removed", or other similar codes. Some of the codes may be required by other electronic tracking systems and may be added, removed, or translated from existing code categories as is needed.

[0083] The reporting 230 may also specify an overall total based on all participating users and organizations. Overall totals may be generated by code category and by goal service type (e.g., overtime, education, etc.) as well as provider. Similarly, organization, sub-organization, and location specific reporting may also be performed by code category, goal service type, or provider. The various reporting abilities of the illustrative embodiments are configured to apply to privacy laws, such as HIPAA, and may require waivers or authorizations to share information even within an organization for treatment purposes. For example, sub-contractors or other parties may perform reporting as needed or required.

[0084] The reporting 230 may also generate reports based on an identified group of clients automatically or manually selected by a user. For example, the report for the group may show the client, service, goal/objectives, current status, and current status date. The reporting 230 may allow a user to drill down from the organization level to the client and associated goal level.

[0085] Additional information available through the reporting may include length of time of goal implementation until mastery, specified as an average time until mastery calculated from a baseline date to a mastered date and may be determined by goal service type, goal description for total, organizational, sub-organization, and location.

[0086] The reporting 230 may also allow for monitoring reports that are established to include a number of variables and may be displayed or exported in any number of formats. The monitoring reports may be automatically generated and available or communicated to the user. For example, a monitoring report may indicate goal/objectives with the most recent rating that is significant within the past x number of weeks. The reports may show sub-organization, goal/objective, provider, date of significant rating, AIM review comment associated with the significant rating, and so forth. Other monitoring reports may include goals/objectives with x number of significant ratings in a row (e.g. six consecutive points off of the minimum growth

line). The monitoring reports may also retrieve all active goals/objectives organized by client, service, most recent status, and status date. Status dates that are older than two weeks old may be indicated, such as being shown in red. The monitoring reports may also specify goals/objectives that are within x number of weeks of the final mastery period.

[0087] In one embodiment, the AIM is a process utilized to analyze the content of any outcome process. For example, AIM may represent an algorithm that is executed by the logic 208 to retrieve and analyze information as needed by any number of parties. AIM is fully customizable depending upon the content established for a group or organization. In the system administrators 212 may be able to identify key factors that most influence the outcome of the selected content. The variables may then become the different factors of AIM for that application on the server 200.

[0088] The AIM process may be used in the initial site assessment of a "client" or "subject" based on the parameters identified for the content of the client's outcome process. In one embodiment, the AIM process is smart and automated for driving questions based on answers from previous questions. As a result, various users are focused towards best practice assessments of the content. For example, AIM may also provide suggestions for goals, objectives, and interventions based on the information provided on the subject. Broad data mining may feed the AIM process based on the data 226 and other information stored by the server 200 to narrow the scope of questioning two factors found to be the most associated with positive outcomes.

[0089] The AIM process may also be used at any point during the data analysis process when the subject is not making sufficient process (e.g. a determination based on the minimum growth line line). For example, if a subject, such as a client in a behavioral health facility, has three data readings that are off the minimum growth line, the third rating is considered significant, and the user is prompted to conduct an AIM review. The AIM process may also generate suggestions for interventions to facilitate the progress of the subject.

[0090] FIG. 3 is a block diagram of a recorded data module 300 in accordance with an illustrative embodiment. The health system as is herein described includes a number of different methods of recording client data. There are a number of different data collection methods available to provide flexibility and accuracy in data collection design.

[0091] In one embodiment, the recording behavior module 300 may include task analysis 302, intensive trial teaching 304, interval recording 306, duration recording 308, frequency recording 310, and percentage recording 312. The different aspects and features of the recording behavior module 300 may be combined in any number of combinations and formats. In one embodiment, the recorded data module 300 includes data, information, numbers, statistics, pictures, descriptions, or other content that may be received through a goal wizard or management feature.

[0092] In one embodiment, the recorded data module 300 may be presented to the user as part of a graphical user interface (GUI). The graphical user interface may be presented as part of a mobile application, web program, electronic device, or a communication session.

[0093] In one embodiment, each data collection method may include a specific set of rules related to the data entry and visual presentation of information, data, graphs, and reports available through the health system. In addition to this information, graphics, such as goal mastery graphs, may demonstrate user data results across different data collections episodes and in conjunction with each service goal. The setup and configuration of the information and graphics may be managed by the administrator. The display of the information and graphics may also take into consideration specific device orientation, display options (e.g., graph layout and corresponding information may be presented in a first configuration when viewed in a landscape mode and in a second configuration when viewed in a portrait mode), display limitations, permissions, and so forth.

[0094] In one embodiment, each graphic is the result of specific formulas and calculations. Each user may submit the features, parameters, criteria, or calculations utilized to generate graphics, such as performance measurement charts. In one embodiment, the graphs may be produced in real-time as data are entered or may be set to display historical data. A rules engine may be configured to dynamically handle information and data entered into the health system.

[0095] The recorded data 300 may be tracked to determine whether a particular goal or objective is met. In one embodiment, this option may be controlled by any number of authorized users that are assigned to a client. All or portions of the recorded data 300 may be viewed at once to make analysis accessible and thorough.

[0096] In one embodiment, the data collected in the recorded data 300 may include an antecedent trigger button (e.g., may indicate triggers for patient behavior), location, response (e.g., programmed list of responses providers and/or caregivers made, customized fields for entries including restrictions, next actions, alerts for restricted practices, etc.), reinforcement options, severity button (e.g., ratings, description, etc.), and comments (e.g., text, audio, video, etc. The information may be presented automatically or based on the type of information presented.

[0097] Any number of data collection systems and methods may be utilized to collect patient data and measure goals and objectives. In one embodiment, all data collection options may be available to the service provider during set-up, but then only the relevant information and fields may be shown for the actual data collection.

[0098] In one embodiment, in the setup for task analysis 302 there may be two settings for that request a hierarchy and task. Task analysis 302 may also be referred to as ratings. To set up the prompt hierarchy an administrator or user may identify a field including a number of prompt types or numbers (e.g., hand over hand, touch prompt, gestural, verbal, independent, etc.), additional comments, color code or priority, and so forth. Task analysis 302 may be set up by establishing the number of tasks or steps, a narrative label for each step, optional comments for more description if needed, and scores. In one embodiment, the tasks may be associated with a particular goal or objective.

[0099] In one example, the fields included during task analysis may include any of the following:

a. What level/percent do you want (subject) to get? _____%

b. Across how many opportunities? ____ within ____ interval

c. Is there a time limit? Yes, No

- If yes, what is the time limit? _____ (interval)

d. How would you like your data calculated and graphed? Average or for each episode.

e. For how long do you want (subject) to get a score of _____ (prepopulated based on answer to a) in order to consider this goal/objective mastered? _____ out of _____ (interval) or _____ consecutive (interval)

f. Projected closure data for goal/objective (timeline to master)

g. Y axis label

h. Baseline mode – on or off

i. Tasks – number of tasks and labels for each task

j. Prompt hierarchy – level of prompt, score and color-coding

k. Option to add to goal bank

l. Instructions/Directions

m. Special permissions related to data collection

n. Alert recipients

o. Customized modification to data analysis rules if applicable

[0100] In one embodiment, task analysis 302 may specify dates or times during which data are collected each day, week, or month. For data collection, the user may be able to see each task and step paired with the prompt hierarchy. For example, the user may select a task and then a prompt level. FIG. 4 provides a chart 400 illustrating data collection in accordance with an illustrative embodiment. For example, the chart 400 illustrating levels of prompt that may be required for a patient to perform the specified tasks. Any number of tasks or objectives may be utilized and the chart 400 of FIG. 4 is given as an example.

[0101] The chart 400 may further illustrate a score 402 that may be calculated based on the level of prompts required for each task. For example, the calculation may be made by adding up the scores for the chosen prompts and dividing that number by the highest score possible. In one embodiment, the score may be reported as a percentage. For example, the score recorded may be 51%.

[0102] The illustrative embodiments may present any number of graph or chart options for the specified goal or objective. For example, by default, a percentage score may appear with the graph. The user may also be presented with the option to generate graphs for each individual task or several tasks over time to evaluate client progress. In one embodiment, the user may select the task to graph, and each graph may be generated utilizing the distinct data and formatting (e.g., color, graph type, etc.). In one embodiment, the graph schedule may be set by an administrator for graphing each entry. As a result, each data point on a graph may immediately be saved as well as displayed.

[0103] Turning again to FIG. 3, the user may be presented with additional options based on the data collection schedule. For example, the user may select to graph each entry or average

the entry results. For example, if the data collection schedule is set to three times per week, then once all three data collections are made in a week, the score may be calculated and graphed. In another embodiment, weekly determinations may be made utilizing seven-day intervals starting with a baseline date. If there are not enough data collection episodes entered to total the number identified during the data collection schedule, the calculations may not be made and an alert signal may be displayed next to the graph indicating the lack of additional data collection points.

[0104] In one embodiment, if a specified time period ends without a specific number of data collection episodes being collected, an email or other alert may be sent to the service provider and/ or the identified supervisor. In one embodiment, entries may be automatically recorded and saved as input. In another embodiment, the data collection displays may include save and edit buttons. Different versions of the recorded information may also be saved to ensure that data are not improperly overwritten. In addition, users may not be able to edit previous entries and only supervisors or administrators may be able to make such changes. The user may also be presented with a comment button to record a comment related to a data collection episode.

[0105] In one embodiment, the intensive trial teaching (ITT) 304 is a data collection module and method. Intensive trial teaching 304 may also be referred to as repeated trials. The ITT 304 and other data collection methods may have multiple modes, such as instructional and testing. While data in both modes may be viewed, in one embodiment, only data entered into the testing mode may be graphed. As previously described, the ITT 304 utilizes a prompt hierarchy, labels, fields (e.g., answer choices, yes, no, etc.), field size data collection schedules, and other options (see FIG. 4 and the associated description). The ITT 304 may also be scored as previously described.

[0106] In one example, the fields included during ITT 304 may include any of the following:

a. What percentage should be achieved? _____

b. How many trials? #_____ Randomize trial listing? Yes, No

c. Across how many episodes? _____ within _____ (interval)

d. How would you like your data calculated and graphed? Average or for each episode.

e. For how long do you want (subject) to get a score of _____ (prepopulated based on answer to a) in order to consider this goal/objective mastered? _____ out of _____ (interval) or _____ consecutive (interval)

f. Projected closure data for goal/objective (timeline to master)

g. Y axis label

h. Baseline mode – on or off

i. Trials – number of tasks and labels for each task

j. Label to identify correctness: Right/Wrong, Correct/Incorrect, Yes/No

k. Option to add to goal bank

l. Instructions/Directions

m. Special permissions related to data collection

n. Alert recipients

o. Customized modification to data analysis rules if applicable

[0107] In one embodiment, the interval recording 306 may include different types, such as whole, partial, or momentary time sampling (e.g., fixed, variable, etc.). The different types of interval recording 306 may include observation duration, length of interval (e.g., seconds, minutes, etc.), options to enter response choices (e.g., yes, no, custom label, etc.), and selection for inclusion in a score selection. In one embodiment, an alert or indicator may be made at the end of each interval. For fixed momentary time sampling, the signal may be given at the conclusion of the time. For variable momentary time sampling, the signal may be given at random times within the identified time. If the interval is specified as 30 seconds, then the signal may be given at any point between one and 30 seconds for each separate interval.

[0108] The interval recording 306 may also include other options for pausing and resuming passage of time, indicating multiple behaviors displayed at once, indicating passage of time, summary of intervals, location, save and edit options, and comment options. After setting up interval recording 306 as a data collection method, an auditory, tactile, or visual signal may be chosen to alert the user as to when to collect data. When the signal is presented, the user may rate the client based on the parameters set and enter the data.

[0109] In one example, the fields included in the interval recording 306 may include any of the following:

a. What percent of intervals are you trying to achieve? _____#

b. What type of time sampling should be used? Whole, Partial, Momentary

c. Observation duration: _____min _____sec

d. Interval duration: _____min _____sec

e. Across how many opportunities? _____ within _____ (interval)

f. How would you like your data calculated and graphed? Average or for each episode

g. For how long do you want (subject) to maintain the score in order to consider this goal/objective mastered? _____ out of ____(interval) or _____ consecutive (interval)

h. Projected closure data for goal/objective (timeline to master)

i. Y axis label

j. Baseline mode – on or off

k. Label to identify correctness: Right/Wrong, Correct/Incorrect, Yes/No

l. Option to add to goal bank

m. Instructions/Directions

n. Special permissions related to data collection

o. Alert recipients

p. Customized modification to data analysis rules if applicable

[0110] In one embodiment, the duration recording 308 may include fields for starting and stopping, a current record time, data recorded (e.g., hours, minutes, seconds to hundreds of a decimal), data collection schedule options, graph schedule options (see FIG. 4), and cumulative duration calculations. The duration recording 308 may also include a field for location and optional comments.

[0111] In one example, the fields included in the duration recording 308 may include any of the following:

a. What is your desired duration? _____# (interval)

b. How many episodes do you want to measure? All or ____ per ____ (interval)

c. How would you like your data calculated and graphed? Cumulative or Average or for Each episode

d. For how long do you want (subject) to maintain (pre-populated duration) in order to consider this goal/objective mastered? _____ out of ____ (interval) or ____ consecutive (interval)

e. Projected closure data for goal/objective (timeline to master)

f. Y axis label

g. Baseline mode – on or off

h. Option to add to goal bank

i. Instructions/Directions

j. Special permissions related to data collection

k. Alert recipients

l. Customized modification to data analysis rules if applicable

[0112] In one embodiment, the frequency recording 310 may include a number of options, such as duration of data collection. Frequency recording 310 may also be referred to as counts. In option 1, the frequency recording 310 may include a daily start time and end time. In option 2 the frequency recording 310 may include a specific interval including designations for hours and minutes, and option 3 may include a specific setting. In one embodiment, option 1 may display information that says ""Data collected from_____to_____" (times)", option 2 may display information that says "Data collected for____(minute) interval" with a displayed start time and start button, and option 3 may display information that says "Data collected in___." The frequency recording 310 and associated data collection options may allow a user to provide a user selection, voice input, or tactile input indicating the number of times a behavior or skill is shown by the client, an indication that no observed behavior was seen during the data collection, and an indication that data collection was not available and an associated comment specifying the associated reasons. Frequency counts may also show a number of items (e.g., returned retail items) or other number of times an event occurs (e.g. customer complaints). Graphing options may be presented to the user as was previously described. In addition, the user may be presented with the opportunity to utilize a scatter plot. The scatter plot may require additional information, such as a date range, time range, and time interval. The graph may then display data that are recorded within the entered specifications. If only one data point is entered on the graph, the data point may indicate the frequency of the behavior within the interval. The data point may be expanded or provide additional details to understand the specific information.

[0113] In one example, the fields included in the frequency recording 310 may include any of the following:

a. Do you want to collect data all day Yes No

If not, Data Collection from _____time to _____time

b. What is the desire score? _____#

c. Choose collection limit: Exactly At Least

d. Across how many opportunities? _____ out of ____ (interval)

e. How would you like your data calculated and graphed? Cumulative or Average

f. For how long do you want (subject) to maintain the score in order to consider this goal/ objective mastered? ____ out of _____ (interval) or _____ consecutive (interval)

g. Projected closure data for goal/objective (timeline to master)

h. Y axis label

i. Baseline mode – on or off

j. Option to add to goal bank

k. Instructions/Directions

l. Special permissions related to data collection

m. Alert recipients

n. Customized modification to data analysis rules if applicable

[0114] In one embodiment, the percentage recording 312 may be set up to include fields for the number of questions/ opportunities, number correct, and percentage correct. In one embodiment, the percentage recording 314 may include labels, number of labels, overall score (e.g., percentage, time, frequency, etc.), and individual scores for tasks. The percentage recording 314 may also be displayed as previously described.

[0115] In one example, the fields included in the percentage recording 312 may include any of the following:

a. What level/percent do you want? _____#

b. Across how many opportunities? All or _____ within ____(interval)

c. Is there a time limit per opportunity? Yes No

If yes, What is the time limit? ____# (interval)

d. How would you like your data calculated and graphed? Average or Each episode

e. For how long do you want (subject) to maintain the score in order to consider the goal/ objective mastered? ____ out of ____(interval) or ___ consecutive (interval)

f. Projected closure data for goal/objective (timeline to master)

g. Y axis label

h. Highest Possible Score

i. Baseline mode – on or off

j. Option to add to goal bank

k. Instructions/Directions

l. Special permissions related to data collection

m. Alert recipients

n. Customized modification to data analysis rules if applicable

[0116] In another embodiment, the illustrative embodiments may utilize an optional reinforcement recorder (RR) that may be utilized with any of the recording methods of FIG. 3 or the illustrative embodiments. The reinforcement recorder may be set to prompt a user to provide reinforcement to the subject on a scheduled or random basis. Two types of reinforcement recorders are provided. The first reinforcement recorder may be associated with a particular subject and goal. The user may program specific reinforcement options or procedures to be provided to the subject dependent upon performance accuracy or at a fixed or variable schedule. In one embodiment, based on the set-up of the reinforcement recorder, the user may be prompted to provide the reinforcement and may be given the options of reinforcement available to that subject. The user may then indicate which type of reinforcement was provided. Reinforcement provided dependent upon performance accuracy may be noted along with other data collection information for that episode or record. The system may log the reinforcement recorder data for analysis purposes.

[0117] In another embodiment, a second reinforcement recorder may be available for general use by the user. This reinforcement recorder may not be associated with a specific subject. The second reinforcement recorder may be programmed to provide a prompt for reinforcement on a fixed or variable schedule and provide options for reinforcement type. When the prompt is given, the user may apply the reinforcement to the subject and/or group of subjects depending upon how the user wants to apply the function. The user may be able to designate the recipient(s) of the reinforcement and the type of reinforcement provided. For example, the recorded data module 300 may log the reinforcement recorder data for analysis purposes.

[0118] In another embodiment, the data collection methods of FIG. 3 may utilize a goal bank for optional use by other users with any number of goal types. The client administrators may specify which information is placed in the goal bank. The goal bank may provide a way of retrieving goal descriptions and the associated tasks for review, modification, and acceptance by any number of users in the way to record each update to the goal.

[0119] In one embodiment, the system may have two banks or memories to store goals and associated objectives, data collection methods, and interventions. One bank may be specific to that agency or organization and the other bank may be available to all-related organizations. For example, the banks may be used pending administrator access and permissions. Users may be given the option of placing self-created goals into the goal bank as approved by the Administrator. There is also the option for requiring Administrator approval for all suggestion goals prior to acceptance into the Bank. The AIM process may generate a list of relevant goals from the goal bank. Users may also go into the bank when setting up a goal without going through the AIM process. The Goal Bank may be sorted by Service/Type, Goal Name, and/or by typing in keywords. A generic form of the banked goal may pull in with fields requiring customization for that subject. The customizable fields may be the other fields described with respect to the goal wizard.

[0120] In one embodiment, the goal mastery graphs or other graphs may have a number of components that may be managed utilizing a goal wizard and other management feature. The user may set a number of variables during graph set-up, including the Y axis labels, baseline data and date, mastery level, mastery level duration, and projected closure date. The system may automatically calculate a final mastery period by moving back the targeted date by the target rating duration. A minimum growth line may be automatically added as a straight line from the baseline rating and date to the target rating and the beginning of the final mastery period. Ratings entered on the graphs may be colored coded to indicate their status. Data points of significance may be identified by a filled red circle. Data points that satisfy the mastery level and duration may be identified with a purple star.

[0121] The user may also be presented with options for entering other data criteria, value or number specifications, and customizations. In one embodiment, status may be automatically determined and displayed for each of the goals and objectives. The status may include any number of rules, criteria, parameters, or thresholds for calculation and display. The status may

also be color-coordinated. For example, progress may be noted in green, lack of progress may be noted in orange, a significant lack of progress may be noted in red, and mastery or maintained mastery may be noted in purple. Regression from mastery may also be noted by color. Data points may be determined as significant utilizing a standardized rule of three consecutive points insufficient to the minimum growth line or a customized set of rules determined by the provider administrator.

[0122] The user may be presented with other options for picking multiple goals/ objectives to graph in a single graph, show data or hide data, view last three data points, or zoom in to a particular data point to see all enter information relevant to that data collection episode.

[0123] In one embodiment, data points of significance may be utilized to generate an alert. For example, identified users may receive a notification within the system or an email, text message, in-app message, or other alert. In one embodiment the email may include the service provider's name, client's name, goal description, reason for notification, the rating date and any review comments entered for the rating that prompted the notification. The alert may also provide a direct link back to the data collection episode entered in the system.

[0124] The illustrative embodiments may be configured to receive comments and reviews. In one embodiment, in response to determining a data point is significant, a review may be prompted or required. In one embodiment, a review may be referred to as an Analysis of Influences Matrix or "AIM Review" and prompt the user to review and document factors associated with lack of progress. The user may also be presented with options to select an intervention change or no change. Information entered in response to intervention change may be prioritized and marked for review and subsequent alerts.

[0125] The illustrative embodiments may be applied to any number of performance management methodologies, such as drug rehabilitation, smoking cessation, physical therapy, medical and behavioral treatments, weight loss, addiction recovery, hotel management, and so forth. In one embodiment, the illustrative embodiments may compile information and data from any number of clients to provide decision-support based on the compiled data. For example, based on research and development, new practices, medications, or service plans may be suggested based on the individual or aggregated recorded data. As a result, services may be adapted in real-time based on dynamic learning from aggregated data. Reporting may be

performed without compromising the privacy of client information and data or violating applicable laws. For example, the identifying information, such as client name or location, may be removed from the aggregated data when compiled to provide for anonymity. In addition, the removal of identifying information may ensure that inherent biases, assumptions, inferences, or statements are not promulgated. As a result, more and more clients may utilize the systems and methods herein described increasing the amount of data and accuracy even more.

[0126] In one embodiment, the compiled data may be mined utilizing relational database management systems. The data may also be searched utilizing key word searches, Boolean searches, wild card searches or other similar search protocols, strategies, and algorithms. The generic compiled information may also be sold by a system administrator (or alternatively to service providers or other designated parties) to organizations, universities, drug manufacturers, governments, or other parties to encourage development of new treatments.

[0127] FIG. 5 is a flowchart of a process for generating a goal in accordance with an illustrative embodiment. In one embodiment, a goal manager or wizard may compile information that is utilized to generate a goal/objective. The process of FIGs. 5 and 7 may be implemented by a server, application, device, or combination of communicating elements referred to as a system. The server may be executing a client management program as is herein described. In one embodiment, the process may begin by prompting a user to enter fields and information for generating a goal, data collection method, and graphing set-up (step 502). For example, a series of probes or questions may guide the user through completing fields that may generate the goal/objective narrative, data collection method set up, and graphing setup schedule. Step 502 may help ensure all elements are included in the goal/objective narrative to make specific, objective, and measurable goals. The process may also ensure information is entered to define how the process facilitates data collection, graph set-up, graph scheduling, and alert/notifications associated with these processes. The goal wizard may distinguish between long-term and short-term goals and objectives. The goal wizard may also be referred to as goal creation and tracking software.

[0128] In one embodiment, the following fields may be included in the process of step 502: i). Service/Provider Type - customized by a user, ii). Designation of "Increase" or "Decrease" content or activity, iii). Field for entering "Condition" under which the goal/objective may be

measured, iv). Field for entering content assessed (e.g., skill/behavior, actions taken, documentation, etc.). This field may captures what the goal/objective is designed to measure, and v). Field for entering data collection method. In one embodiment, a number of options are provided: Task Analysis, Intensive Trial Teaching, Interval Recording, Duration Recording, Frequency Recording, and Percentage Recording. Based on which data collection method is chosen, additional fields are generated to drive information needed for that type of data collection.

[0129] Next, the system creates a goal narrative and display fields needed for data collection (step 504). The data collection options may depend on the type of data collection method and the responses entered for the associated fields (e.g., in step 502).

[0130] Next, the system receives data from users and prompts for any required data not collected (step 506). The system may automatically score the data based on the rules associated with the data collection method and responses may automatically graph the data on the graph.

[0131] Next, the system determines whether data are collected properly (step 508). The determination of step 508 may be made based the data collection method. For example, the system may require that three entries are received per week and if only two are received, the data are not deemed to have been collected properly.

[0132] If the data are not collected properly in step 508, the system sends an alert to the service provider indicating that there are missing data (step 510). During step 508, the system may also indicate that there was insufficient data collected during a time period to the extent a graph is automatically generated or generated based on a user request. For example, any incomplete graphs may be automatically marked as such. After step 510, a user may correct the lack of data by submitting data that are received by the user. The submission may be made through a website, application, or any number of devices.

[0133] If the data are collected properly in step 508, the system analyzes the data and graphs the data for display (step 512). In one embodiment at the end of the process of FIG. 5 that may be performed by a goal wizard, the option is given to customize the data analysis fields if applicable. If this option is chosen, the user is prompted to identify the rules for determining "status" and "significance" by completing the following questions: i). Regression from Mastery: _____ consecutive data records off MGL, ii). Progress: ____ out of ____ =>

upward MGL / =< downward MGL, iii). Not on Track: ____ out of ____ =< upward MGL / => downward MGL, and iv). Significance: _____ consecutive points that are Regression from Mastery - _____Consecutive points that are Not on Track.

[0134] For behavioral-type goals that are marked as "decrease," in addition to the data filed associated with the type of data collection method, the following questions are provided as well: i). Severity - option for On Off (* Standard rating scale of severity is provided but may be customized), ii). Response - offers limitless number and fields for Label and Description for each, iii). Antecedent/Triggers - offers limitless number and fields for label and description for each, iv). Function - Offers options for Obtain, Escape, Automatic, and Attention and fields to write descriptions for each.

[0135] FIG. 6 is a pictorial representation of a monitoring environment 600 in accordance with an illustrative embodiment. The monitoring environment 600 represents any number of facilities, buildings, or conditions in which the illustrative embodiments may be utilized. The monitoring environment 600 may be utilized to determine the location of any or all individuals within the facility as well as determine user and environmental conditions. For example, the monitoring environment 600 may represent a group home, a hospital, or business. The monitoring environment 600 may include any number of components including a client 602, a communications device 604, a door 606, a scanner 608, a panic button 610, a camera 612, a display 614, a user 616, speakers 618, and sensors 620.

[0136] In one embodiment, the panic button 610 is configured to set off an alarm or notify everyone or previously identified individuals in the event that there is an event that demands immediate attention. The panic button 610 may be utilized by any number of users or clients in proximity to it. The associated alert may be broadcast universally or selectively. For example, the panic button 610 may be activated in response to a heated argument between two clients and may be communicated to individuals assigned to address security issues or arguments. In another embodiment, the communications device 604 may include a panic indicator that may be relayed to the panic button 610 for communication to the designated location and parties. For example, logic may indicate specific individuals or groups of individuals that receive an alert based on a detected action, location, time of day, or so forth.

[0137] The monitoring environment 600 may include any number of rooms, furniture, separators, other individuals, or so forth that are not specifically called out. For example, the client 602 may enter the monitoring environment 600 through the door 606. In response to entering the door 606, the communications device 604 and the scanner 608 may communicate to document the location of the client 602. In one embodiment, scanners at the entryways to distinct portions of a building or room may indicate the general proximity of the client 602. The information associated with the monitoring environment 600 may be stored in any number of databases, memories, or electronic storage systems for permanent or temporary access. Positive or negative alerts may be generated in response to criteria or parameters associated with the location of the client 602.

[0138] The communications device 604 may represent a wireless communications device or personal signaling device. The communications device 604 may be waterproof, durable, and shock resistant. The communications device 604 may be freely removable or may be secured to the client utilizing a specialized tool. In one embodiment, the communications device 604 may be a bracelet, necklace, armband, glasses, anklet, electronic sticker, headband, ornament, or other item that may be worn or integrated with the clothing or body of the client 602. The communications device 606 may communicate utilizing Wi-Fi, Bluetooth, ZigBee, global positioning system (GPS) signals, near field communications, or other existing or developing communications protocols. The communications device 604 may include a microphone, speaker, vibrator, text display, leads, biometric sensor, or other components.

[0139] The communications device 604 may also be configured to determine biometric information associated with the client 602. In one embodiment, the communications device 604 may be configured to determine a heart rate, skin response, temperature, breathing rate, blood sugar level, agitation level (e.g. voice intensity, pitch, or frequency), or other vital information associated with the client 602. The communications device 604 may also be able to determine a distance between the client 602 and one or more other clients or the user 616. For example, the communications device 604 may indicate that the client 602 is speaking to two other clients and that the client 602 and a secondary client both have elevated heart rate and are yelling at each other while the user 616 monitors the situation from approximately 20 feet away.

[0140] The communications device 604 may transmit client information and a location of the client 602 to one or more centralized systems through a wireless access point, wireless device, intercom system, or other communications points. The communications device 604 may communicate with one or more external devices to determine a location. For example, the communications device 604 may communicate with the sensors 620 indicate a room position of the client 602. In other embodiments, GPS information may be determined by the communications device 604. The GPS information may be utilized to determine the location of the client 602 as well as the communications device 604 if it is lost or otherwise removed. Any number of location generation techniques may be utilized including proximity detection, wireless triangulation, signal strength indicators, or any combination thereof. The scanner 608 and the sensors 620 may be wireless access points, radio frequency identification (RFID) tag readers, wireless beacons, proximity sensors, or other similar devices. In one embodiment, the scanner 608 and the sensor 620 may be integrated with light fixtures, outlets, intercoms, tiles, or other components typically included in a room or facility.

[0141] In one embodiment, the communications device 604 may log activities of the client 602 throughout the day and the associated vital information to determine activities that allow the client 602 to relax and activities that may potentially agitate the client 602. The logged activities may be utilized to determine strategies and plans for any number of clients and users.

[0142] The location of the client 602 and the user 616 may also be determined utilizing the camera 612. The camera 612 may include picture, video, and audio capturing components. The camera 612 may be wireless or wired for communications with the system as herein described. In one embodiment, the camera 612 may utilize logic or algorithms to perform motion capture including detecting sudden movements, struggles, or other information that may be associated with a negative event. The camera 612 may also capture information associated with positive events for automatic or manual documentation.

[0143] Various output devices within the monitoring environment 100 may be configured to communicate auditory, video, visual, or tactile messages to the client 602 or the user 616. In one embodiment, the various communications devices and electronics within the monitoring environment 100 may be controlled through a wired or wireless communications network. As a result, communications and other messaging may be coordinated for maximum effectiveness. In one embodiment, the communications device 604, the display 614, and the speakers 618

may be configured to provide one or more of auditory output (e.g. spoken words, verbal directions, music, a calming mantra, etc.), visual output (e.g. words, pictures, videos), or tactile output (e.g. vibrations with optional speed and frequency).

[0144] The strategy may be determined based on an algorithm of the system and may be specific to the client 602. The strategies may be previously entered for the client 602 may be based on data mining for similar situations and clients. For example, a piece of music known calm client 602 may be played through the speakers 618 and the communications device 604 in response to the client 602 becoming agitated. The strategy may be implemented automatically or manually based on selection of the client 602 or a provider, administrator, or other party authorized to implement the strategy for the client 602. For example, the communications device 604 may flash green in response to a positive action and may flash red and vibrate in response to a negative event occurring and then provide positive or negative feedback accompanying suggestions for de-escalation.

[0145] Actions performed by the different components of the monitoring environment 600 may be based on the vital information, actions, biometric readings, environmental recordings (e.g. loud noises, repeated movements, etc.) or other indicators that may indicate the behavior of concern is occurring. In one embodiment, the communications device 604 may act as a personal panic device for the client 602. For example, the client 602 may automatically request help by pressing a button on the communications device 604. The communications device 604 may also be enabled for voice communications or may include a walkie-talkie function. In one embodiment, the user 616 may include a similar communications device or may communicate with the client 602 utilizing an application run on both a communications device (not shown) controlled by the user 616 and an application run on the communications device 604 of the client 602.

[0146] The display 614 may represent a television, computer monitor, electronic glass, or other display component integrated with or attached to the floors, walls, ceiling, furniture, or other aspects of the monitoring environment 600. In one embodiment, the user 616 may utilize the camera 612 to provide audio and video feedback to the client 602 in any different room or section of the monitoring environment 600. For example, the user 616 may provide instructions for performing a calming ritual known to help the client 602 relax or face a phobia.

[0147] In one embodiment, a reinforcement recorder may be linked to the communications device 604. The communications device 604 may be utilized with the reinforcement recorder to provide the client 602 with positive reinforcement on a fixed or variable schedule. The reinforcement may be an auditory, visual, or tactile output that is automatically or manually generated. For example, if the client 602 is viewed as performing a cleaning act without prompting through the camera 612, the user 616 may utilize a cell phone to text a message that is routed to the communications device 604 telling the client 602 that he has done a good job.

[0148] The communications device 604 and the other monitoring equipment may also be utilized to monitor the health of the client 602. For example, the client 602 may have a heart condition that may be monitored utilizing a pole, temperature, and position of the user 602. The communications device 604 may include accelerometers that may determine the location and position of the client 602. For example, the accelerometers of the communications device 604 may determine that the client 602 is lying down in a position that is not associated with his room or bed.

[0149] The communications device 604 is one example of a communications device that may record data associated with a client. Any number of communications device may be utilized simultaneously. Each communication device may be associated with a client profile or other unique identifier for distinguishing the data. As a result, any number of channels or frequencies may be utilized simultaneously. In one embodiment, the communications device 604 may include multiple transceivers for communicating utilizing a short range signal (when available) and transitioning to long distance communications (e.g., cell signals) when short range signals are unavailable. The communications device may be configured to display a time, date, text, video, audio, or tactile alerts. The communications device 604 may also be configured for simplex, half-duplex, or full duplex communications. The communications device 604 may include a touch screen, dedicated keys (e.g., panic button, voice communications, etc.), soft keys, volume indicator, and so forth. The communications device 604 may represent any number of existing or developing communications devices that interface with the system through communications and software.

[0150] The illustrative embodiments provide a number of advantages over the existing art. For example, the embodiments provide an automated AIM process for assessment that drives goals, services, and interventions. Goal management functionality allows goals to be defined,

created, tracked and analyzed utilizing data. Goals may be separately stored on any number of micro and macro-levels for reference by other organizations, service providers, and individuals. The illustrative embodiments also provide a prompted data collection, calculation and analysis, and graphing process for information, such as a minimum growth line. Standardized and structured interpretations of data are presented graphically and statistically for review along with a definitive status.

[0151] The illustrative embodiments may provide an interface that displays clients assigned to a particular provider. By selecting a picture, icon, text, or avatar associated with the client 602, tracking information would be displayed for easy data entry related to one or more goals. Data may be synched between any number of devices in response to changes saved on a single device. Similarly, alerts and notifications may be propagated through the system to applications and devices based on a user logged in or associated (permanently or temporarily) with the applications and devices. The reinforcement recorder may also be active on a device or application and may allow entry of specified reinforcement information for a client or group of clients to be entered. Medication and other sensitive or critical time-dependent information may be communicated via an audio, video, text, or tactile prompt at a set time interval prior to the event (e.g. prompt a provider to provide a client medication at a set time). All information related to an event, including the client 602, the medication with full dosage and administration instructions, and method for indicating the event is completed may be provided through the interface.

[0152] The illustrative embodiments also provide for a number of notifications and alerts. For example, real-time communications may be configured based on preset conditions and parameters (e.g., errors in user application, incomplete data collection or analysis, quality assurance audits, etc.). Stakeholder, team, or transdisciplinary communications are facilitated. For example, stakeholders may see what others have done on a case and automatic alerts are sent out to notify needed stakeholders so that the stakeholders may collaborate and form solutions. As a result, individual responsibility and ownership of issues are encouraged while increasing shared ownership and accountability. All data stored by the illustrative embodiments may be stored and analyzed through a set of standardized reports or customized reports based on user needs. Analysis of data may be utilized for individual client monitoring and may also look for trends in all levels of the hierarchy within the user and among a hierarchy

of different users with similar purposes or roles. As a result, the system allows for process modifications at all levels that are associated with the most positive outcomes.

[0153] A browser, graphical user interface, or application as herein described may be utilized to provide an example of the embodiments labeled as Reliable Evidence-Based Outcomes Optimization Technologies or other applicable labels. The user interface may prompt to one or more users for logging in, creating a password, modifying a password, resetting a password, system administration for providers, searching, suggested searching, alert notification generation and display, customizing a workspace, portal, or dashboard, creating new providers, adding, modifying, and deleting providers, teams, service providers, and clients, client data, profiles, and details, managing permissions, archiving users, creating and managing contacts, updating information, commenting, assigning caseloads, managing caseloads, establishing settings, tracking user activity, updating service information and plans, establishing, recording, tracking, and managing goals and objectives, establishing data collection methods and profiles, performing task analysis, ITT, interval recording, time recording, frequency, percentage recording data, creating episode records, indicating status and significance levels, AIM review, comments (e.g., text, audio, video, etc.), updating goals, goal activity, GMD, quick views, and data collection.

[0154] Progression towards reaching a goal and developing required skills may be broken down into manageable steps (e.g., numbered steps, labeled progression steps, etc.). In one embodiment, tips and strategies may be offered to the client, providers, administrators, parents/guardians, and other parties. Education and expectations may be managed with applicable information. The system may true up diagnosis with daily living, manage goal obtainment across the complete set of goals for the client, and automatically generate next steps or reaching the goals. During the process, the steps may create and learn what works for different clients to provide recommendations across providers, groups, organizations, businesses, government, and so forth.

[0155] As described in FIG. 6, the illustrative embodiments may be utilized with any number of imaging systems (HD cameras, infrared, multiple wavelength, etc.), medical devices, communications devices, cameras, or so forth to gather biometric feedback. The biometric feedback may be associated with one or more patients individually or as a group. In one embodiment, biometrics may include pulse rate, facial expressions, sweat analysis, retinal

or pupil dilation, body heat output, galvanic skin response, respiration rate, voice stress analysis, or other indicators. In one embodiment, the patients may wear medical devices, such as bracelets, glasses, or headbands. The medical devices may be configured to determine any of the aforementioned biometrics. The biometrics may also be associated with known emotional responses or conditions, such as anger, fear, excitement, agitation, or so forth that may be utilized to intervene or take action. In one embodiment, the biometrics may be configured to generate alerts, such as an indication that a group is becoming agitated or an event may be about to occur, such as a fight or escalated argument.

[0156] As noted, the illustrative embodiments are HIPPA compliant and protect data privacy. The illustrative embodiments allow for monitoring and modification of medical and behavioral based outcomes. When used outside of a point of care or medical platform, the illustrative embodiments may utilize a HIPAA compliant client management program. The platform may represent the health system 100 and/or server 200 of FIG. 2.

[0157] In a hospital, home care, or point of care setting and account is established, and services providers and administrators establish goals for pre and post procedures, health improvement, and recovery-based goals for the client. The platform may assign and monitor client tests and teaching responses based on rules-based scoring to monitor specific thresholds and indicate when the thresholds are crossed. Alerts to the administrator or other users may serve to modify the client regimen, maintain the current course of action, or assign a new service provider to the client.

[0158] The illustrative embodiments provide the ability to monitor and modify healthcare and intervention plans, health-based goals and objectives through recorded activities, and notes from the service provider and administrator used for monitoring of healthcare and point of care outcomes for client success or failure. The client management system may help perform goal set up. For example, the goals and associated mastery level may be set or recommended based on the current status of the client. Goals may be established to be mastered through repetition and over time and not just achieved one time (e.g., exercising three times a week for 10 weeks, taking medication daily for three weeks, etc.).

[0159] The platform helps in reaching, achieving, and mastering specific health and point of care related goals by marking, measuring, and indicating the passing of specific thresholds

related to health outcome mastery. The thresholds may also be used to indicate when there is a risk of not achieving a specific health related goal or outcome.

[0160] The platform monitors the time and occurrence of each client interaction and allows service providers and administrators to monitor the status of a client's goal-based outcomes progression and to establish and measure the data against a minimum growth line.

[0161] The platform may assign specific healthcare or point of care service providers to users and may modify the course of action based on thresholds, which are overseen by an administrator who tracks and monitors the thresholds and progress of various outcome-based programs tied to user accounts.

[0162] The platform may differentiate itself by not allowing the healthcare data points to be determined by the discretion of the user alone, but rather the interaction with service providers and administrators. The interaction between the user, service providers, and administrators creates data used as a measurement tool that indicates the crossing of specific thresholds that are tracked in each interaction between the clients and the client management program or service providers. As a result, the data may be used to inform the instruction and guidance of the service providers and administrators which are weighed against specific established thresholds. These interactions are tracked via a cloud network or an internal private healthcare network.

[0163] The platform data includes healthcare and point of care goals and objectives, intervention plans, recorded activities, and general notes, which are overseen by the service provider and administrator. The data input related to the client account is measured against specific thresholds and the administrator may make recommendations to several service providers helping expand the reach and capacity of each administrator to help a greater number of clients reach a positive outcome.

[0164] The relational database management system performs data mining to analyze the data from the service providers to associate best practices with each of the individuals. This process is overseen by both the administrator and service providers.

[0165] FIG. 7 is a flowchart of a process for utilizing data in accordance with an illustrative embodiment. All or portions of the process of FIG. 7 may be implemented with the process of

FIG. 5. The process of FIG. 7 may begin by tracking setup of an initial account (step 702). The initial account creation and follow-up user device interactions may be tracked by the client management program. The administrators and service providers may oversee the client management program. Each user may be provided a login for utilization over a secure network. Sometimes the login is provided through a referral for specific services. The addition of content may be performed at any time. In one embodiment, the client management system may learn from electronic medical records or electronic health records or their associated feeds. For example, external devices, systems, or software may communicate with the client management system based on permissions to compile applicable information.

[0166] Next, the system creates a client baseline (step 704). Input regarding the user (e.g., service provider) and/or patients may be received and stored as part of the initial account creation process. During account creation a client baseline may be established utilizing received data. The baseline goals may be derived from both administrator, user, and patient. For example, the user may provide input, responses, and communications through a number of devices based on questions, tests, recorded activities, notes, and assessments. The service providers and administrators receive data through a number of collection methods including task analysis, intensive trial teaching, interval recording, time recording, frequency, percentage data, and a reinforcement recorder. All of these processes for data gathering are administrator and service provider-based and the collection methods are measurable through client interaction with the system, service providers, and administrators. An assessment step may also be performed. For example, information applicable to physical, adaptive, social-emotional, cognitive, and communication domains may be performed. The system may also provide personalized recommendations. For example, applied behavior analysis (ABA) may be utilized to guide behavior and skill development for each domain, based on age equivalency, chronological age, user guidelines, practice-based evidence from treatment (e.g., in-home, educational, residential, facility-based, etc.), and other available data.

[0167] Next, the system assists creation of customized goals (step 706). In one embodiment, the client management program is used to track, tally and aid the service providers in creating customized goal-based recommendations from the user device interactions. In one embodiment, sensors (e.g., wearable, environmental, etc.) may automatically gather information for updating data, creating the client baseline (step 704) and

creating customized goals (step 706). The system or administrators may recommend varied goal modules and plans of action to service providers based on the data gathered at the client management program stored in a secure server and accessed through a cloud network. During step 706, the system evaluates and analyzes the results through a threshold management tool which gives administrators and service providers the ability to tailor health and point of care outcomes to each user's interaction within the client management program.

[0168] The client responses at the device level may be based on the answers or responses to teaching, presentations, and reinforcement and may be compared against established thresholds. The thresholds may utilize predetermined scores derived from client responses and tracked at the client management system. The data from each device interaction at the client management level may be derived from any client interactions or responses to predetermined prompts. The data for goal completion is delivered via device in computer generated from creating a visual representation report indicating the status of each goal completed, the progress and status of the current goal, and the next steps for the client to meet and reach those client-based needs. The system may facilitate easy data entry and automated status calculations. For example, push notifications may be communicated through the application for data entry. Data may be received and processed based on intervals, time periods, user requests, or based on specified events. The system may facilitate a simple response structure where possible (e.g., yes/no, numeric, etc.). Any number of soft buttons, scroll down menus, fields, or other selection components may be utilized.

[0169] Next, the system performs client services matching (step 708). Each interaction with the client management program are recorded and analyzed for establishing goals for the clients. The visual indicators of the system may show how and why changes to the goals, course of action, service providers, or services are matched to the client. Scores, compilations, or results may be utilized to perform client services matching (and may be part of step 712). The client services matching of step 708 may be performed at any time. The client may be matched to one or more new service providers that may better fit their needs at any time. For example, the client may be struggling with female service providers, and as a result, may be assigned to one or more male service providers that have a history of working well with clients with discipline issues. As noted, client services matching may be performed at any time in the best interests of the client. The system may utilize the client management system to track data

points with regard to any client to determine whether changes to the client services/service providers may be required (e.g., based on tracking time of interaction, occurrences, occurrence frequency, thresholds, scores, etc.). The scores may be generated based on current and historical data. For example, artificial intelligence may utilize various rules to determine the score.

[0170] Next, the system determines whether modifications are required (step 710). The client management programs records positive, negative, and neutral client interactions to generate a score. The system may utilize visual indicators delivered to the client, service provider, and/or administrator to recommend whether modifications are required to the current course of action, goals, or so forth.

[0171] If the modifications are required in step 710, the system performs modifications for the client (step 712). In one embodiment, the system may determine modifications are required in response to passing a threshold. The threshold may be applicable to one or multiple factors, goals, parameters, or criteria. For example, when the total positive interactions have been reached and a specific threshold has been passed, a goal has been accomplished, positive encouragement may be sent to the user and the next goal may be established as part of the modifications of step 712.

[0172] If there are several negative or missed interactions with the system and the score or tall of negative interactions or missed goals has reached a specified threshold, the system may alert the administrator that the goal program and associated activities may need to be modified as part of steps 708 or 712. Any number of positive or negative modifications may be made during step 712 to help best adjust to the needs and best interests of the clients. The administrator and service providers may access the client responses to each service provider interactions at the client management system. These responses and tests may indicate a need for a change in service provider(s) based on client responses, exceeded thresholds, task analysis, intensive trial teaching, interval recording, time recording, frequency, percentage data, and/or a reinforcement recorder. The responses to the predetermined prompts are generated from device interactions or via interactions with matched service providers. The client responses at the device level may be based on the answers or responses to teaching, presentations, and reinforcement may be compared against established thresholds. The

established thresholds may be based on predetermined scores derived from the client responses and tracked by the client management system.

[0173] The administrators and services providers may access client information (e.g., responses, monitoring, tests, evaluations, etc.) utilizing the client management system. The responses and tests may indicate a need for a change in service provider based on client responses, a positive or negative threshold being exceeded, task analysis, intensive trial teaching, interval recording, time recording, frequency, percentage data, a reinforcement recorder, or other applicable information and data. As noted, responses to predetermined prompts may be generated from device interactions or via interactions with matched service providers. If the modifications are not required in step 710, the process ends. In one embodiment, the modifications may not be required if the current parameters, settings, goals, and thresholds are still functioning in the best interest of the client. For example, if the system determines there is a blend of positive and negative interactions, but the total interaction tally is not over or under a specified threshold, the system may determine there is no need for modifications to intervention efforts, goals, actions, or so forth.

[0174] In one embodiment, the system may be utilized for post-surgery outcomes for remote patient monitoring. The patient may be assigned to be monitored in the patient's home. The patient may invoke the system through a sign-up process and then may communicate at regular intervals or time periods. The client's actions may be tracked with regard to identified goals and whether those goals are met based on goal thresholds. The interactions, progress, and actions of the client are tracked by the client management program of the system for the purpose of data analysis, data collection, and data reporting. The system may utilize a rigorous evaluation process. The system may provide status updates periodically, based on events, or as needed. For example, any number of backend algorithms may be utilized to evaluate progress, lack of progress, regression, mastery, and regression from mastery. Any number of charts, spreadsheets, graphics, animations, visual aids, videos, audio files, or other content may be utilized to output the available information and data. The information and data may be displayed as part of a web portal, mobile application, program (e.g., cloud implemented, locally executed, etc.).

[0175] In one embodiment, the client may perform communications and input through their own device, such as a smart phone, tablet, or personal computer, or a provided device (e.g.,

facility associated, rented, leased, etc.). For example, positive indications of completed goals may record the positive progress as well as provide the client positive reinforcement. The goals may be established by the administrator and/or service providers and may range from goal-based task analysis, intensive trial teaching, interval recording, duration recording, frequency, recording, and percentage recording.

[0176] If the assigned goals are not being met and a specific threshold is not been crossed, the system may note the potential of a negative emotional or physical state. In this instant, a service provider may reach out directly to the client to address the problems or issues. If the service provider determines that there is a physical or emotional issue (e.g., depression, infection, medication complications, lack of effort, etc.), the service provider may record their observations, tests, or input in the system as part of the contact process. The data provided by the service provider may be verbal, biometric, measured, or so forth. For example, an indication or diagnosis of depression may be performed based on a questionnaire focused on depression and observations or confirmations made by the service provider. Dates, times, and information associated each occurrence or detection of an occurrence may be saved by the client management program.

[0177] The client management program measures the client's initial response data which is matched to an initial service provider who may be the first point-of-contact. The first point-of-contact may be a key service provider or user responsible for the well-being of the client. The first-point-of-contact follows up with the client and indicates to the administrator(s) the results of follow up (e.g., depression questionnaire, testing, etc.) and recommendations for the client's goals or regimen. The administrator or service provider may then indicate to the appropriate services or departments, such as a healthcare provider, nurse, doctor, counselor, parent/guardian, or psychiatrist that there is a match for their services at the client level. The administrator or service providers may determine if the client's condition is naturally occurring or exacerbated by known or external factors, stimuli, or conditions (e.g., illegal drugs, post-traumatic stress disorder, family history, etc.). The causes of the issue affecting the client's behavior, health, or condition may affect the responses that are implemented.

[0178] The client management program may include and represent a provider interface and value-based decision-making platform. The client management program may include standardized libraries of clinical intervention content (e.g., goals, skills, thresholds, etc.).

Various interventions may be selected based on outcomes and skill assessments. The client management program may provide a clear picture of client-based strengths and mastery from start to finish. Transparency is enhanced for all stakeholders that participate in a client's treatment, monitoring, and assistance. Data and applicable information may also be more seamlessly received and processed as initial input, feedback, critical updates, intervention information, and so forth for clients, providers, administrators, organizations, States, nations, and worldwide. As a result, professional and focused intervention services may be implemented. The commitment, processing, release, and discharge decision-making may be enhanced. Automated decisions regarding program and intervention may be made without administrator and provider feedback.

[0179] A detailed example of outcomes-based paths and scoring is provided for depression, but may be applicable to any number of health, behavioral, or other issues. FIGs. 8 and 9 illustrate pictorial representations of outcome-based paths and scoring for depression in accordance with illustrative embodiments. The user interface 800 illustrates a summary of outcome-based paths and scoring for depression. The user interface 800 may also be applicable to any number of conditions. In one embodiment, yes/no answers may be utilized to perform testing and scoring. For example, a yes answer may be associated with the associated points shown in the user interface 800. In another embodiment, some answers may subtract points (or add negative points).

[0180] In one embodiment, the user interface 800 may include the following questions that may be automatically posed, determined, or observed from the client: 1. Initial indication of depression at the client management program: Indicated a match for initial first points of contract consultation (+1 point); 2. Poor appetite or overeating cause of depression is dietary: Indicates the need for interaction with a Nutritionist (+ 1 point); 3. Little interest or pleasure in doing things: Indicates a match for interaction with a counselor, therapist or doctor (+1 point); 4. Feeling down, depressed, hopeless or cause of depression is unknown: Indicates a match for interaction with a counselor, therapist or doctor (+1 Point); 5. Trouble concentrating on things, such as reading the newspaper or watching television: Indicates a match for interaction with a counselor, therapist or doctor (+1 point); 6. Trouble falling or staying asleep, or sleeping too much: Indicates a match for interaction with a counselor, therapist or doctor (+1 point); 7. Feeling tired or having little energy: Indicates the need for interaction with a nutritionist (+ 1

point); 8. A family history of depression: Indicates the need for interaction with a therapist, doctor or psychologist (+2 point); 9. Feeling bad about yourself - or that you are a failure or have let yourself or your family down (+2 point); 10. Moving or speaking so slowly that other people could have noticed (+2 point); 11. Depression caused by improper medication or dosage: Indicates a match for an interaction with the clients psychiatrist, primary care physician or a match for an interaction with a pharmacist (+3 points); 12. A potential interaction with prescription medications: Indicates a match for interaction with a pharmacist and the client's doctors. (+4 points); 13. An illegal drug or Alcohol interaction: Indicates a match for interaction with a drug counselor, psychiatric care or medical intervention. (+5 points); 14. Post-Traumatic Stress Disorder (PTSD): Indicates the need for interaction with a Trauma or PTSD Specialist. (+6 points); Thoughts that you would be better off dead, or of hurting yourself (+7 points); and Suicidal thoughts: Indicate the need for interaction with Suicide Prevention or grief counselor (+7 points).

[0181] FIG. 9 is a pictorial representation of a user interface 900 for outcome-based scoring in accordance with an illustrative embodiment. The user interface 900 may request information of administrators, providers, or clients, such as the following: A. Do you want to collect data all day Yes/No; If not, Data Collection from _____ time to _____ time (9 pm daily); B. What is the desired goal and score? (_____) baseline under X); C. Choose collection limit: (Exactly) At Least; D. Across how many opportunities? ____ out of ____ (Measure baseline daily); E. How would you like your data calculated and graphed? (Cumulative and Average); F. For how long do you want (subject) to maintain the score in order to consider this goal/objective mastered? (___) out of (___) (average interval) of (___) months; G. Projected closure data for goal/objective (timeline to master or reassess) 6 months; H. Y axis label - Y/N; I. Baseline mode—(on) or off; J. Option to add to goal bank: Y/N; K. Goal Instructions/Directions; L. Special permissions related to data collection - Y/N; M. Alert recipients - Y/N; and N. Customized modification to data analysis rules if applicable Y/N. Any number of additional questions may also be posed utilizing an application, graphical user interface, or so forth.

[0182] The data and results from the system may be delivered to any number or type of care teams through systems, interfaces, or other communications interfaces, such as augmented

reality, health faults, biometric displays, avatars, dashboards, health coaches, integrated platforms, education systems, applications, and so forth.

[0183] As will be appreciated by one skilled in the art, aspects of the present inventive subject matter may be embodied as a system, method or computer program product. Accordingly, aspects of the present inventive subject matter may take the form of an entirely hardware embodiment, an entirely software embodiment (including firmware, resident software, micro-code, etc.) or an embodiment combining software and hardware aspects that may all generally be referred to herein as a "circuit," "module" or "system." Furthermore, aspects of the present inventive subject matter may take the form of a computer program product embodied in one or more computer readable medium(s) having computer readable program code embodied thereon.

[0184] Any combination of one or more computer readable medium(s) may be utilized. The computer readable medium may be a computer readable signal medium or a computer readable storage medium. A computer readable storage medium may be, for example, but not limited to, an electronic, magnetic, optical, electromagnetic, infrared, or semiconductor system, apparatus, or device, or any suitable combination of the foregoing. More specific examples (a non-exhaustive list) of the computer readable storage medium would include the following: an electrical connection having one or more wires, a portable computer diskette, a hard disk, a random access memory (RAM), a read-only memory (ROM), an erasable programmable read-only memory (EPROM or Flash memory), an optical fiber, a portable compact disc read-only memory (CD-ROM), an optical storage device, a magnetic storage device, or any suitable combination of the foregoing. In the context of this document, a computer readable storage medium may be any tangible medium that may contain, or store a program for use by or in connection with an instruction execution system, apparatus, or device.

[0185] A computer readable signal medium may include a propagated data signal with computer readable program code embodied therein, for example, in baseband or as part of a carrier wave. Such a propagated signal may take any of a variety of forms, including, but not limited to, electro-magnetic, optical, or any suitable combination thereof. A computer readable signal medium may be any computer readable medium that is not a computer readable storage medium and that can communicate, propagate, or transport a program for use by or in connection with an instruction execution system, apparatus, or device.

[0186] Program code embodied on a computer readable medium may be transmitted using any appropriate medium, including but not limited to wireless, wireline, optical fiber cable, RF, etc., or any suitable combination of the foregoing.

[0187] Computer program code for carrying out operations for aspects of the present inventive subject matter may be written in any combination of one or more programming languages, including an object-oriented programming language such as Java, Smalltalk, C++ or the like and conventional procedural programming languages, such as the "C" programming language or similar programming languages. The program code may execute entirely on the user's computer, partly on the user's computer, as a stand-alone software package, partly on the user's computer and partly on a remote computer or entirely on the remote computer or server. In the latter scenario, the remote computer may be connected to the user's computer through any type of network, including a local area network (LAN) or a wide area network (WAN), or the connection may be made to an external computer (for example, through the Internet using an Internet Service Provider).

[0188] Aspects of the present inventive subject matter are described with reference to flowchart illustrations and/or block diagrams of methods, apparatus (systems) and computer program products according to embodiments of the inventive subject matter. It will be understood that each block of the flowchart illustrations and/or block diagrams, and combinations of blocks in the flowchart illustrations and/or block diagrams, may be implemented by computer program instructions. These computer program instructions may be provided to a processor of a general-purpose computer, special purpose computer, or other programmable data processing apparatus to produce a machine, such that the instructions, which execute via the processor of the computer or other programmable data processing apparatus, create means for implementing the functions/acts specified in the flowchart and/or block diagram block or blocks.

[0189] These computer program instructions may also be stored in a computer readable medium that can direct a computer, other programmable data processing apparatus, or other devices to function in a particular manner, such that the instructions stored in the computer readable medium produce an article of manufacture including instructions which implement the function/act specified in the flowchart and/or block diagram block or blocks.

[0190] The computer program instructions may also be loaded onto a computer, other programmable data processing apparatus, or other devices to cause a series of operational steps to be performed on the computer, other programmable apparatus or other devices to produce a computer implemented process such that the instructions which execute on the computer or other programmable apparatus provide processes for implementing the functions/acts specified in the flowchart and/or block diagram block or blocks.

[0191] Figure 1 depicts an example server 106. The server and other computer systems of FIG. 1 may include a processor unit (possibly including multiple processors, multiple cores, multiple nodes, and/or implementing multi-threading, etc.). The server 106 includes a memory. The memory may be system memory (e.g., one or more of cache, SRAM, DRAM, zero capacitor RAM, Twin Transistor RAM, eDRAM, EDO RAM, DDR RAM, EEPROM, NRAM, RRAM, SONOS, PRAM, etc.) or any one or more of the above already described possible realizations of machine-readable media. The computer system also includes a bus YY03 (e.g., PCI, ISA, PCI-Express, HyperTransport®, InfiniBand®, NuBus, etc.), a network interface YY05 (e.g., an ATM interface, an Ethernet interface, a Frame Relay interface, SONET interface, wireless interface, etc.), and a storage device(s) or database (e.g., optical storage, magnetic storage, etc.). In one embodiment, the system memory or database 108 associated with the server embodies functionality to implement embodiments described above.

[0192] In addition, any one of these functionalities may be partially (or entirely) implemented in hardware and/or on the processing unit of the server 106. For example, the functionality may be implemented with an application specific integrated circuit, in logic implemented in the processing unit, in a co-processor on a peripheral device or card, etc. Further, realizations may include fewer or additional components not illustrated in FIG. 1 (e.g., video cards, audio cards, additional network interfaces, peripheral devices, etc.).

[0193] FIG. 10 is a pictorial representation of a user interface 1000 in accordance with an illustrative embodiment. The user interface 1000 may be utilized to provide information to administrators, providers, and users. For example, the user interface 1000 may communicate goal information applicable to one or more users.

[0194] In one embodiment, the user interface 1000 may visually, textually, and/or numerically display information regarding wellness, stress, performance, sleep, blood pressure,

heart rate, respiration rate, oxygen levels (e.g., SPO2), activity level, ECG, hydration, body mass index, skin temperature, altitude, steps, and fall detection. The user interface 1000 may also display an overall graphic for the goals indicating active goals and archived goals. Profile information, such as name, age, total mastered goals, and other applicable information may be displayed by the user interface 1000.

[0195] FIGs. 11-15 are pictorial representations of interfaces of a mobile application in accordance with an illustrative embodiment. In one embodiment, the interfaces of the mobile application may display information applicable to the components of the user interface 1000 of FIG 10. The various data, information, and biometrics may be determined by wearable sensors (e.g., smart watches, armbands, chest straps, hearables, smart hearing aids, smart headbands, etc.), environmental sensors, or other devices utilized by administrators, providers, or users.

[0196] Charts and graphs may be displayed for the applicable measurements per time period. For example, more detailed information may be shown by specific day, week, month, year, event, or so forth. In one embodiment, a user interface 1100 displays blood pressure information. A user interface 1200 may display heart rate information. A user interface 1300 may display respiration rate information. A user interface 1400 may display an activity level of the user.

[0197] In one embodiment, the illustrative embodiments may perform remote patient care utilizing any number of systems, devices, and methods as incorporated by reference from application number 15/876,815 filed on January 22, 2018 and the associated priority applications which are incorporated by reference in its entirety. For example, any number of devices may be utilized to capture applicable data. In one process, a system may receive a prescription from a medical professional for remote patient care. The remote patient care may be prescribed by a doctor, nurse, psychologist/psychiatrist, physician's assistant, nurse practitioner, or other authorized medical professional. The patient monitoring may be performed utilizing any number of wireless devices, wearables, hearables, smart clothing, blood pressure monitors, glucose monitors, heart rate monitors, blood oxygen monitors, or so forth whether consumer or hospital grade. The monitoring and communication of applicable patient data may be performed through any number of electronic devices to any number of

networks. For example, applicable information may be captured from a weight scale and heart rate monitor without smart features.

[0198] Next, the system enables user downloads a remote monitoring application to one or more associated devices. The remote monitoring application may represent one or more mobile applications, desktop programs, or so forth. The remote monitoring application may also represent a dedicated and secured webpage for receiving information from the user/patient. In one embodiment, an identifier, pin, password, secure link, secure access process, or prescription number may be required to download the remote monitoring application. For example, a pin may be communicated to the patient through a text messaging system to ensure that the patient is authorized to download and use the remote monitoring application.

[0199] Next, the system begins remote patient monitoring. The remote patient monitoring may be performed automatically utilizing one or more sensors or monitoring components of the applicable devices. The remote patient monitoring may also be performed in response to user input to the associated device (e.g., positioning the device on or in the body of the patient, powering on the device, receiving a user selection of a button, soft button, or selection component, etc.). As previously disclosed, the remote patient monitoring may be performed utilizing a number of devices, such as image data captured by a smart phone from a weight scale and blood pressure cuff.

[0200] The intrinsic codes of the illustrative embodiments provide artificial intelligence and machine learning. The illustrative embodiments may particularly implement big data analytics, machine and deep learning, human like reasoning, continuous real-time and deep learning, traceable justification and casual reason for decision outputs, interoperability (e.g., handling logical contradictions, data incompleteness, etc.). The illustrative embodiments are utilized to perform logical and causal reasoning (e.g., inference/reasoning, multi-phase logic, conceptualization, exploration, scenarios/what-ifs, fuzzy logic, and dynamic fight/flight mitigation. The client data may be analyzed utilizing algorithms, pattern analysis, perceptions, recognition/identification, statistical co-occurrence, multi-sensor perceptions, and Bayesian/dissipative recognition.

[0201] FIGs. 14 and 15 illustrate user interfaces 1700, 1800, 1900, 2000, 2100, and 2200. The user interface 1700 may show information for a patient. In particular, the user interface

1700 may be utilized to empower and engage the patient, increase the quality of care, reduces costs, and facilitate the progress of the patient (e.g., evaluate where the patient is now, determine what is possible and how to get there, monitor and illustrate success, provide support when off-track, celebrate functional autonomy, etc.). The user interface 1700 may communicate a picture, avatar, or profile for updating or communicating assessments, goals, settings, or information (e.g., physical, adaptive, social-emotional, cognitive, communications, etc.).

[0202] The user interface 1800 may provide information for the user to with the mobile application to record information, such as exercise, medication, and communications. The user interface 1800 may be utilized to update information and send communications. For example, the user interface 1900 may track progress of taking their medication. The user interface 1900 may be utilized for guided applied behavior analysis (ABA) and skill development. The information may be used for each domain, based on age equivalency, chronological age, and other available data, using guidelines for the primary evidence-based treatment intervention, and tailored according to practice-based evidence. For example, the treatment (e.g., in-home, educational, residential, facility-based, etc.) may be performed for individuals with autism spectrum disorder.

[0203] The user interface 2000 may also be utilized to facilitate reaching specified goals. Goal setup may allow the provider to specify terms, conditions, and parameters for the goal. For example, the user interface 2000 may track the efforts of the patient to take medications on her own and at the right time a number of times per week.

[0204] The user interface 2100 may be utilized track goals and applicable information including progress, lack of progress, mastery, and regression from mastery. The user interface 2200 may be utilized to track administrators, family members, friends, and providers that have access to the patient's information. For example, permissions may viewed or edited from the user interface 2100.

[0205] The illustrative embodiments are utilized to enhance patient engagement. The continuous engagement of the patient may be performed utilizing health data, risk analysis, risk reduction, care planning, and outcomes to ensure that the patient receives the right care at the right place and time. The illustrative embodiments utilize real time data, historical data,

and intrinsic code to determine outcomes. The illustrative embodiments may also be implemented with other artificial intelligence systems, networks, equipment, devices, or algorithms to enhance performance of all or portions of the illustrative embodiments. The illustrative embodiments may utilize reasoning, expressive representation language, broad knowledge, context, and other applicable information, data, or metadata to determine applicable information. In some embodiments, the applicable data and information may be communicated transparently for administrators, providers, parents, and other stakeholders. For parties that are not authorized to receive the information, identifying for personal information may be removed. As a result, collaboration, responsibility, open evaluations, and progression become more of a focus.

[0206] While the embodiments are described with reference to various implementations and exploitations, it will be understood that these embodiments are illustrative and that the scope of the inventive subject matter is not limited to them. In general, techniques for managing goals and outcomes for organizations, groups or individuals as described herein may be implemented with facilities consistent with any hardware system or hardware systems. Many variations, modifications, additions, and improvements are possible.

[0207] Plural instances may be provided for components, operations or structures described herein as a single instance. Finally, boundaries between various components, operations and data stores are somewhat arbitrary, and particular operations are illustrated in the context of specific illustrative configurations. Other allocations of functionality are envisioned and may fall within the scope of the inventive subject matter. In general, structures and functionality presented as separate components in the exemplary configurations may be implemented as a combined structure or component. Similarly, structures and functionality presented as a single component may be implemented as separate components. These and other variations, modifications, additions, and improvements may fall within the scope of the inventive subject matter.

WHAT IS CLAIMED IS:

1. A method for tracking progression toward goals, the method comprising:

receiving input establishing one or more clients, wherein the one or more clients are individuals receiving treatment or assistance;

assigning each of the one or more clients to an account;

create a baseline associated with each of the one or more clients;

establishing goals for each of the one or more clients;

automatically capturing data utilizing one or more monitoring devices associated with each of the one or more clients;

compiling data associated with each of the one or more clients from one or monitoring devices;

storing the compiled data associated with each of the one or more clients in a server available through one or more networks;

determining whether the goals are being met in response to thresholds for the compiled data; and

automatically communicating alerts in response to the compiled data varying from a threshold to become significant for one of the one or more clients.

2. The method of claim 1, wherein the baseline is established utilizing data from 1) one of the one or more clients and 2) one or more monitoring devices.

3. The method of claim 1, wherein the input is utilized to automatically establish accounts associated with each of the one or more clients.

4. The method of claim 1, further comprising:

intervening with one of the one or more clients in response to the alerts being automatically communicated.

5. The method of claim 1, wherein the server is accessed through a cloud network, wherein the one or more monitoring devices includes biometric devices, and wherein a client management program is executed by communications devices utilized by the one or more clients to receive the data and track progress of the goals.

6. The method of claim 1, further comprising:

performing an assessment of the one or more clients to determine the baseline associated with each of the one or more clients.

7. The method of claim 1, wherein each of the goals is associated with a plan of action for achieving each of the goals.

8. The method of claim 1, further comprising:

recommending goals to the one or more clients in response to receiving the input.

9. The method of claim 1, further comprising:

modifying the goals in response to the compiled data varying from the baseline to become significant.

10. The method of claim 8, wherein modifications are determined to be required if the one of the one or more clients are unable to achieve the goals associated with the one or more clients.

11. A system for tracking progression toward goals, the system comprising:

a server communicates with communications devices through a transceiver utilizing one or more networks, the server includes a processor that executes a client management program to:

receive input establishing an account associated with a client stored in the server, wherein the client is an individual receiving treatment or assistance;

assign the client to an account;

create a baseline associated with the client based on data from at least the client and one or more monitoring devices;

set goals for the client;

compile data associated with the client received from the client and the one or more monitoring devices;

store the compiled data associated with the client in the server;

determine whether the goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from a threshold to become significant for the client; and

a database in communication with the server configured to store at least the data, goals, and thresholds associated with the client.

12. The system according to claim 11, wherein the baseline further performs an assessment of the clients to determine the baseline associated with the client.

13. The system according to claim 11, wherein the alerts indicate that an intervention with the client is required.

14. The system according to claim 11, wherein each of the goals is associated with a plan of action for achieving each of the goals.

15. The system according to claim 11, wherein the goals are established by the client.

16. The system according to claim 11, wherein the client management program is further executed to:

recommend goals to the client in response to receiving the input.

17. A server comprising:

a processor for executing a set of instructions; and

a memory for storing the set of instructions, wherein the set of instructions are executed by the processor to:

receive input establishing clients receiving assistance, wherein the clients are individuals receiving treatment or assistance;

assign each of the clients to an account for treating or assisting each of the clients;

create a baseline associated with each of the clients;

set one or more goals for each of the clients;

compile data in the memory, the compiled data is associated with each of the clients received from one or more monitoring devices;

determine whether the one or more goals are being met in response to thresholds for the compiled data; and

automatically communicate alerts in response to the compiled data varying from a threshold to become significant for one or more of the clients.

18. The server according to claim 17, wherein the set of instructions are further executed to:

physically intervene with the one or more of the clients in response to the alerts.

19. The server according to claim 17, wherein each of the one or more goals is associated with a plan of action for achieving each of the one or more goals, and wherein the one or more goals are established by the client utilizing the baseline.

20. The server according to claim 17, wherein the one or more goals are not met if the compiled data varies from the baseline to become significant.

ABSTRACT OF THE DISCLOSURE

A system, method, server, and computer readable medium for tracking goal progression. Input is received establishing one or more clients. The one or more clients are individuals receiving treatment or assistance. Each of the one or more clients are assigned to an account. Goals are established for each of the one or more clients. Data associated with each of the one or more clients is compiled as received from one or more monitoring devices. A determination is made where the goals are being met in response to the thresholds for the compiled data. Alerts are automatically communicated in response to the compiled data varying from a threshold to become significant for one of the one or more clients.

PTO/AIA/82A (07-13)
Approved for use through 03/31/2021. OMB 0651-0035
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TRANSMITTAL FOR POWER OF ATTORNEY TO ONE OR MORE REGISTERED PRACTITIONERS

NOTE: This form is to be submitted with the Power of Attorney by Applicant form (PTO/AIA/82B) to identify the application to which the Power of Attorney is directed, in accordance with 37 CFR 1.5, unless the application number and filing date are identified in the Power of Attorney by Applicant form. If neither form PTO/AIA/82A nor form PTO/AIA82B identifies the application to which the Power of Attorney is directed, the Power of Attorney will not be recognized in the application.

Application Number	
Filing Date	
First Named Inventor	Nathaniel T. Bradley
Title	SYSTEM AND METHOD FOR ACHIEVING GOALS
Art Unit	
Examiner Name	
Attorney Docket Number	DHP-P0001CIP3

SIGNATURE of Applicant or Patent Practitioner

Signature	/Brian D. Owens/	Date (Optional)	
Name	Brian Dean Owens	Registration Number	55517
Title (if Applicant is a juristic entity)			
Applicant Name (if Applicant is a juristic entity)	Data Health Partners, Inc.		

NOTE: This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) for signature requirements and certifications. If more than one applicant, use multiple forms.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.131, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Doc Code: PA..
Document Description: Power of Attorney

PTO/AIA/82B (07-13)
Approved for use through 03/31/2021. OMB 0651-0035
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POWER OF ATTORNEY BY APPLICANT

I hereby revoke all previous powers of attorney given in the application identified in either the attached transmittal letter or the boxes below.

Application Number	Filing Date

(Note: The boxes above may be left blank if information is provided on form PTO/AIA/82A.)

☑ I hereby appoint the Patent Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above: 133690

OR

☐ I hereby appoint Practitioner(s) named in the attached list (form PTO/AIA/82C) as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the patent application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above. (Note: Complete form PTO/AIA/82C.)

Please recognize or change the correspondence address for the application identified in the attached transmittal letter or the boxes above to:

☑ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the Applicant (if the Applicant is a juristic entity, list the Applicant name in the box):

Data Health Partners, Inc.

☐ Inventor or Joint Inventor (title not required below)

☐ Legal Representative of a Deceased or Legally Incapacitated Inventor (title not required below)

☑ Assignee or Person to Whom the Inventor is Under an Obligation to Assign (provide signer's title if applicant is a juristic entity)

☐ Person Who Otherwise Shows Sufficient Proprietary Interest (e.g., a petition under 37 CFR 1.46(b)(2) was granted in the application or is concurrently being filed with this document) (provide signer's title if applicant is a juristic entity)

SIGNATURE of Applicant for Patent

The undersigned (whose title is supplied below) is authorized to act on behalf of the applicant (e.g., where the applicant is a juristic entity).

Signature	Paul R. Arena	Date (Optional)	
Name	Paul R. Arena		
Title	CEO, Data Health Partners, Inc.		

NOTE: Signature - This form must be signed by the applicant in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. If more than one applicant, use multiple forms.

☐ Total of forms are submitted.

This collection of information is required by 37 CFR 1.131, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

UNITED STATES
PATENT AND TRADEMARK OFFICE

P.O. Box 1450
Alexandria, VA 22313 - 1450
www.uspto.gov

ELECTRONIC ACKNOWLEDGEMENT RECEIPT

APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
18/502,813	**11/06/2023 05:05:10 PM Z ET**	**DHP-P0001CIP3**

Title of Invention

SYSTEM AND METHOD FOR ACHIEVING GOALS

Application Information

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	-
CONFIRMATION #	6886	FILED BY	Ashlyn Nguyen
PATENT CENTER #	63172333	FILING DATE	-
CUSTOMER #	133690	FIRST NAMED INVENTOR	Nathaniel T. Bradley
CORRESPONDENCE ADDRESS	-	AUTHORIZED BY	Brian Owens

Documents

TOTAL DOCUMENTS: 8

DOCUMENT	PAGES	DESCRIPTION	SIZE (KB)
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-ADS.pdf	10	Application Data Sheet	2225 KB
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-SPECIFICATION-APP.TEXT.docx	62	Application body structured text document	90 KB

Warning: Bookmarks were found and have been removed.

DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-DRAWINGS.pdf	15	Drawings-only black and white line drawings	138 KB
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-DECLARATIONS.pdf	5	Oath or Declaration filed	863 KB
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-POA.pdf	2	Power of Attorney	644 KB
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-PETITION-BY-AGE.pdf	1	Petition to make special based on Age/Health	355 KB
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-IDS.pdf	6	Information Disclosure Statement (IDS) Form (SB08)	1253 KB
PCTUS2014029287_ISRWO_8-22-2014.pdf	7	Other reference-Patent/Application/Search Documents	413 KB

Digest

DOCUMENT	MESSAGE DIGEST(SHA-512)
DHP-	BB1C1B4EDDCDDA36286897B113C773BCEBF06F78E2B88BE5

P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-ADS.pdf	1D16CEAC6FC560236C4AB07A7B8F74DFBE462D08BC04487F6CEC9447EBFAAAE89A48EB733A41DC3A
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-SPECIFICATION-APP.TEXT.docx	2A40C5BB13E9EFE600BA8409E10DAAE348BABA43B7061F4689DACEB99893409AAE987C7AA6707078B50D01AEEB3794DB283D34C6706F6536660A1CA2B71941E5
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-DRAWINGS.pdf	0478A06E3F438A191C704D577894288A7D0F801B145C0DF175BC9042E3F26777BB1407E935EE3E9A8798DC25D63599A2E7610407403D58B16EE1DA6F7974918F
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-DECLARATIONS.pdf	7C5907428543CBA98C6C92E2F5D3BF7A48D1E2A13D451AA98647C93DC3CCF0CBBACC11437910CAF4D4132F776588F8479F2DEEA92AF1ED7DF60391F3F2982F66
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-POA.pdf	62870E02DFDA4D45E461A4631EB8FC65FE5CEA78B88DCA3108E9DF7603F505FB19103400D318C16C3BBC7CE4EC71C716C1679E46F04BE0D786AC39EA5E06D0F0
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-PETITION-BY-AGE.pdf	6F99C4DE892E6DD986E3F72B0D70E6595BE57552AB5611C41359109D63443CDF60872D3C54C9ED9A3D5F5E4DC32293DD86E85D097A8FCC0940270E3149DCD268
DHP-P0001CIP3_CONTINUATION-PATENT-APPLICATION_FILED-IDS.pdf	BD745C0A897D73B8CB91CD5F6AB36FB9243C1FA0439C6D6A50A1721F0024931ABDAA449F378E78751C9442D5FDC0971AA5EA5BADF9C7E77087CAD6BBD971500C
PCTUS2014029287_ISRWO_8-22-2014.pdf	41FD3A12FD57A74F377EDF990EB38DEF7031B738FE0F02301A27A8C4074D28840043B307FBC94B47FF5D333116C63EF9166

3B596C00E81F5BB97D12E25B5D68A

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

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Application Data Sheet 37 CFR 1.76	Attorney Docket Number	DHP-P0001CIP3
	Application Number	
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS	

The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.
This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.

Secrecy Order 37 CFR 5.2:

☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

Inventor Information:

Inventor 1 Remove

Legal Name

Prefix	Given Name	Middle Name	Family Name	Suffix
	Nathaniel	T.	Bradley	

Residence Information (Select One) ◉ US Residency ○ Non US Residency ○ Active US Military Service

City	Tucson	State/Province	AZ	Country of Residence	US

Mailing Address of Inventor:

Address 1	7450 S Sandbar Willow Place		
Address 2			
City	Tucson	State/Province	AZ
Postal Code	85747	Country	US

Inventor 2 Remove

Legal Name

Prefix	Given Name	Middle Name	Family Name	Suffix
	James		Gaynor	

Residence Information (Select One) ◉ US Residency ○ Non US Residency ○ Active US Military Service

City	Winchester	State/Province	VA	Country of Residence	US

Mailing Address of Inventor:

Address 1	216 Cotton Ridge Road		
Address 2			
City	Winchester	State/Province	VA
Postal Code	22603	Country	US

Inventor 3 Remove

Legal Name

Prefix	Given Name	Middle Name	Family Name	Suffix
	Joshua	S.	Paugh	

Residence Information (Select One) ◉ US Residency ○ Non US Residency ○ Active US Military Service

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	DHP-P0001CIP3
	Application Number	
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS	

City	Tucson	State/Province	AZ	Country of Residence	US

Mailing Address of Inventor:

Address 1	7501 E Mary Dr.		
Address 2			
City	Tucson	State/Province	AZ
Postal Code	85730	Country	US

Inventor 4 Remove

Legal Name

Prefix	Given Name	Middle Name	Family Name	Suffix
	Paul		Arena	

Residence Information (Select One) (•) US Residency ( ) Non US Residency ( ) Active US Military Service

City	Malibu	State/Province	CA	Country of Residence	US

Mailing Address of Inventor:

Address 1	600 Schueren Rd		
Address 2			
City	Malibu	State/Province	CA
Postal Code	90265	Country	US

Inventor 5 Remove

Legal Name

Prefix	Given Name	Middle Name	Family Name	Suffix
	Lisa	A.	Marshall	

Residence Information (Select One) (•) US Residency ( ) Non US Residency ( ) Active US Military Service

City	Richmond	State/Province	VA	Country of Residence	US

Mailing Address of Inventor:

Address 1	4016 Northrop St.		
Address 2			
City	Richmond	State/Province	VA
Postal Code	23225	Country	US

All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the **Add** button. Add

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below.
For further information see 37 CFR 1.33(a).

☐ **An Address is being provided for the correspondence Information of this application.**

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	DHP-P0001CIP3
	Application Number	
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS	

Customer Number	133690		
Email Address	docketing@goodhue.com	Add Email	Remove Email

Application Information:

Title of the Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS		
Attorney Docket Number	DHP-P0001CIP3	**Small Entity Status Claimed**	☒
Application Type	Nonprovisional		
Subject Matter	Utility		
Total Number of Drawing Sheets (if any)	15	**Suggested Figure for Publication (if any)**	

Filing By Reference:

Only complete this section when filing an application by reference under 35 U.S.C. 111(c) and 37 CFR 1.57(a). Do not complete this section if application papers including a specification and any drawings are being filed. Any domestic benefit or foreign priority information must be provided in the appropriate section(s) below (i.e., "Domestic Benefit/National Stage Information" and "Foreign Priority Information").

For the purposes of a filing date under 37 CFR 1.53(b), the description and any drawings of the present application are replaced by this reference to the previously filed application, subject to conditions and requirements of 37 CFR 1.57(a).

Application number of the previously filed application	Filing date (YYYY-MM-DD)	Intellectual Property Authority or Country

Publication Information:

☐ Request Early Publication (Fee required at time of Request 37 CFR 1.219)

☐ **Request Not to Publish.** I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application **has not and will not** be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32).
Either enter Customer Number or complete the Representative Name section below. If both sections are completed the customer Number will be used for the Representative Information during processing.

Please Select One:	◉ Customer Number	○ US Patent Practitioner	○ Limited Recognition (37 CFR 11.9)
Customer Number	133690		

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	DHP-P0001CIP3
	Application Number	
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS	

Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, 365(c), or 386(c) or indicate National Stage entry from a PCT application. Providing benefit claim information in the Application Data Sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78.
When referring to the current application, please leave the "Application Number" field blank.

Prior Application Status	Pending		Remove
Application Number	Continuity Type	Prior Application Number	Filing or 371(c) Date (YYYY-MM-DD)
	Continuation of	17546594	2021-12-09

Prior Application Status	Pending		Remove
Application Number	Continuity Type	Prior Application Number	Filing or 371(c) Date (YYYY-MM-DD)
17546594	Continuation of	17499725	2021-10-12

Prior Application Status	Patented				Remove
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)	Patent Number	Issue Date (YYYY-MM-DD)
17499725	Continuation of	16141471	2018-09-25	11144554	2021-10-12

Prior Application Status	Patented				Remove
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)	Patent Number	Issue Date (YYYY-MM-DD)
16141471	Continuation in part of	16053141	2018-08-02	11151142	2021-10-19

Prior Application Status	Patented				Remove
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)	Patent Number	Issue Date (YYYY-MM-DD)
16053141	Continuation of	14212429	2014-03-14	10061812	2018-08-28

Prior Application Status	Expired		Remove
Application Number	Continuity Type	Prior Application Number	Filing or 371(c) Date (YYYY-MM-DD)
14212429	Claims benefit of provisional	61791218	2013-03-15

Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the **Add** button. Add

Foreign Priority Information:

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	DHP-P0001CIP3
	Application Number	
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS	

This section allows for the applicant to claim priority to a foreign application. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55. When priority is claimed to a foreign application that is eligible for retrieval under the priority document exchange program (PDX)[i] the information will be used by the Office to automatically attempt retrieval pursuant to 37 CFR 1.55(i)(1) and (2). Under the PDX program, applicant bears the ultimate responsibility for ensuring that a copy of the foreign application is received by the Office from the participating foreign intellectual property office, or a certified copy of the foreign priority application is filed, within the time period specified in 37 CFR 1.55(g)(1).

Remove

Application Number	Country[i]	Filing Date (YYYY-MM-DD)	Access Code[i] (if applicable)

Additional Foreign Priority Data may be generated within this form by selecting the **Add** button. Add

Statement under 37 CFR 1.55 or 1.78 for AIA (First Inventor to File) Transition Applications

☐ This application (1) claims priority to or the benefit of an application filed before March 16, 2013 and (2) also contains, or contained at any time, a claim to a claimed invention that has an effective filing date on or after March 16, 2013.
NOTE: By providing this statement under 37 CFR 1.55 or 1.78, this application, with a filing date on or after March 16, 2013, will be examined under the first inventor to file provisions of the AIA.

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	DHP-P0001CIP3
	Application Number	
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS	

Authorization or Opt-Out of Authorization to Permit Access:

When this Application Data Sheet is properly signed and filed with the application, applicant has provided written authority to permit a participating foreign intellectual property (IP) office access to the instant application-as-filed (see paragraph A in subsection 1 below) and the European Patent Office (EPO) access to any search results from the instant application (see paragraph B in subsection 1 below).

Should applicant choose not to provide an authorization identified in subsection 1 below, applicant **must opt-out** of the authorization by checking the corresponding box A or B or both in subsection 2 below.

NOTE: This section of the Application Data Sheet is **ONLY** reviewed and processed with the **INITIAL** filing of an application. After the initial filing of an application, an Application Data Sheet cannot be used to provide or rescind authorization for access by a foreign IP office(s). Instead, Form PTO/SB/39 or PTO/SB/69 must be used as appropriate.

1. Authorization to Permit Access by a Foreign Intellectual Property Office(s)

A. Priority Document Exchange (PDX) - Unless box A in subsection 2 (opt-out of authorization) is checked, the undersigned hereby **grants the USPTO authority** to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the State Intellectual Property Office of the People's Republic of China (SIPO), the World Intellectual Property Organization (WIPO), and any other foreign intellectual property office participating with the USPTO in a bilateral or multilateral priority document exchange agreement in which a foreign application claiming priority to the instant patent application is filed, access to: (1) the instant patent application-as-filed and its related bibliographic data, (2) any foreign or domestic application to which priority or benefit is claimed by the instant application and its related bibliographic data, and (3) the date of filing of this Authorization. See 37 CFR 1.14(h)(1).

B. Search Results from U.S. Application to EPO - Unless box B in subsection 2 (opt-out of authorization) is checked, the undersigned hereby **grants the USPTO authority** to provide the EPO access to the bibliographic data and search results from the instant patent application when a European patent application claiming priority to the instant patent application is filed. See 37 CFR 1.14(h)(2).

The applicant is reminded that the EPO's Rule 141(1) EPC (European Patent Convention) requires applicants to submit a copy of search results from the instant application without delay in a European patent application that claims priority to the instant application.

2. Opt-Out of Authorizations to Permit Access by a Foreign Intellectual Property Office(s)

☐ A. Applicant **DOES NOT** authorize the USPTO to permit a participating foreign IP office access to the instant application-as-filed. If this box is checked, the USPTO will not be providing a participating foreign IP office with any documents and information identified in subsection 1A above.

☐ B. Applicant **DOES NOT** authorize the USPTO to transmit to the EPO any search results from the instant patent application. If this box is checked, the USPTO will not be providing the EPO with search results from the instant application.

NOTE: Once the application has published or is otherwise publicly available, the USPTO may provide access to the application in accordance with 37 CFR 1.14.

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	DHP-P0001CIP3
	Application Number	
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS	

Applicant Information:

Providing assignment information in this section does not substitute for compliance with any requirement of part 3 of Title 37 of CFR to have an assignment recorded by the Office.

Applicant 1 Remove

If the applicant is the inventor (or the remaining joint inventor or inventors under 37 CFR 1.45), this section should not be completed. The information to be provided in this section is the name and address of the legal representative who is the applicant under 37 CFR 1.43; or the name and address of the assignee, person to whom the inventor is under an obligation to assign the invention, or person who otherwise shows sufficient proprietary interest in the matter who is the applicant under 37 CFR 1.46. If the applicant is an applicant under 37 CFR 1.46 (assignee, person to whom the inventor is obligated to assign, or person who otherwise shows sufficient proprietary interest) together with one or more joint inventors, then the joint inventor or inventors who are also the applicant should be identified in this section.

Clear

(•) Assignee	( ) Legal Representative under 35 U.S.C. 117	( ) Joint Inventor
( ) Person to whom the inventor is obligated to assign.	( ) Person who shows sufficient proprietary interest	

If applicant is the legal representative, indicate the authority to file the patent application, the inventor is:

Name of the Deceased or Legally Incapacitated Inventor:

If the Applicant is an Organization check here. [X]

Organization Name	Data Health Partners, Inc.		
Mailing Address Information For Applicant:			
Address 1	8549 Wilshire Blvd		
Address 2	Suite 2403		
City	Beverly Hills	**State/Province**	CA
Country	US	Postal Code	90211
Phone Number		Fax Number	
Email Address			

Additional Applicant Data may be generated within this form by selecting the Add button. Add

Assignee Information including Non-Applicant Assignee Information:

Providing assignment information in this section does not substitute for compliance with any requirement of part 3 of Title 37 of CFR to have an assignment recorded by the Office.

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	DHP-P0001CIP3
	Application Number	
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS	

Assignee 1

Complete this section if assignee information, including non-applicant assignee information, is desired to be included on the patent application publication. An assignee-applicant identified in the "Applicant Information" section will appear on the patent application publication as an applicant. For an assignee-applicant, complete this section only if identification as an assignee is also desired on the patent application publication.

Remove

If the Assignee or Non-Applicant Assignee is an Organization check here. ☒

Organization Name	Data Health Partners, Inc.

Mailing Address Information For Assignee including Non-Applicant Assignee:

Address 1	8549 Wilshire Blvd		
Address 2	Suite 2403		
City	Beverly Hills	**State/Province**	CA
Country i	US	Postal Code	90211
Phone Number		Fax Number	
Email Address			

Additional Assignee or Non-Applicant Assignee Data may be generated within this form by selecting the Add button. Add

Signature:

Remove

NOTE: This Application Data Sheet must be signed in accordance with 37 CFR 1.33(b). **However, if this Application Data Sheet is submitted with the INITIAL filing of the application and either box A or B is not checked in subsection 2 of the "Authorization or Opt-Out of Authorization to Permit Access" section, then this form must also be signed in accordance with 37 CFR 1.14(c).**

This Application Data Sheet **must** be signed by a patent practitioner if one or more of the applicants is a **juristic entity** (e.g., corporation or association). If the applicant is two or more joint inventors, this form must be signed by a patent practitioner, **all** joint inventors who are the applicant, or one or more joint inventor-applicants who have been given power of attorney (e.g., see USPTO Form PTO/AIA/81) on behalf of **all** joint inventor-applicants.

See 37 CFR 1.4(d) for the manner of making signatures and certifications.

Signature	/Brian D. Owens/			Date (YYYY-MM-DD)	2023-11-06
First Name	Brian	Last Name	Owens	Registration Number	55517

Additional Signature may be generated within this form by selecting the Add button. Add

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	DHP-P0001CIP3
	Application Number	
Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS	

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1 The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether the Freedom of Information Act requires disclosure of these records.

2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

3 A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.

4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent CooperationTreaty.

6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).

7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspections or an issued patent.

9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	Platform for Optimizing Goal Progression

As the below named inventor, I hereby declare that:

This declaration is directed to:

- [■] The attached application, or
- [ ] United States application or PCT international application number _____

filed on _____.

The above-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

LEGAL NAME OF INVENTOR

Inventor: Nathaniel T. Bradley Date (Optional) :_____

Signature: Nathaniel T. Bradley

Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form or must have been previously filed. Use an additional PTO/AIA/01 form for each additional inventor.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Title of Invention	Platform for Optimizing Goal Progression

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This declaration is directed to:

- [■] The attached application, or
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filed on _____.

The above-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

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LEGAL NAME OF INVENTOR

Inventor: James Gaynor Date (Optional) :_____

Signature: _____

Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form or must have been previously filed. Use an additional PTO/AIA/01 form for each additional inventor.

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Title of Invention	Platform for Optimizing Goal Progression

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LEGAL NAME OF INVENTOR

Inventor: Joshua S. Paugh Date (Optional) :_____

Signature: Joshua S. Paugh

Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form or must have been previously filed. Use an additional PTO/AIA/01 form for each additional inventor.

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Title of Invention	Platform for Optimizing Goal Progression

As the below named inventor, I hereby declare that:

This declaration is directed to:

- [■] The attached application, or
- [ ] United States application or PCT international application number _____

filed on _____.

The above-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

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LEGAL NAME OF INVENTOR

Inventor: Paul Arena Date (Optional) :_____

Signature: Paul R. Arena Sep 24, 2020

Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form or must have been previously filed. Use an additional PTO/AIA/01 form for each additional inventor.

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	SYSTEM AND METHOD FOR ACHIEVING GOALS

As the below named inventor, I hereby declare that:

This declaration is directed to:

☐ The attached application, or

☒ United States application or PCT international application number 17/546,594

filed on 2021-12-09.

The above-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

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LEGAL NAME OF INVENTOR

Inventor: Lisa A. Marshall Date (Optional): 12/22/2022

Signature: Lisa A. Marshall

Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form or must have been previously filed. Use an additional PTO/AIA/01 form for each additional inventor.

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