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(54) **HEALTH MONITORING APPARATUS FOR INITIATING A TREATMENT OF A PATIENT BASED ON PHYSIOLOGICAL DATA WITH THE AID OF A DIGITAL COMPUTER**

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

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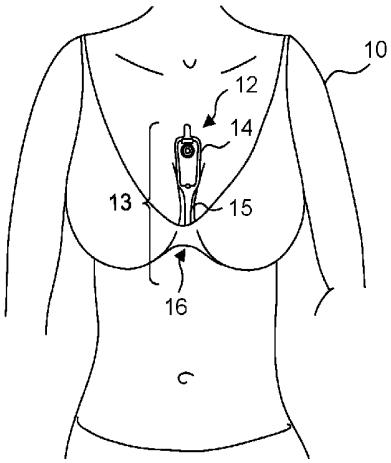
(57) **ABSTRACT**

Individuals who suffer from certain kinds of medical conditions, particularly conditions that only sporadically exhibit measurable symptoms, can feel helpless in their attempts to secure access to medical care because, at least in part, they are left to the mercy of their condition to present symptoms at the right time to allow diagnosis and treatment. Providing these individuals with ambulatory extended-wear health monitors that record ECG and physiology, preferably available over-the-counter and without health insurance preauthorization, is a first step towards addressing their needs. In addition, these individuals need a way to gain entry into the health care system once a medically-actionable medical condition has been identified. Here, the ECG and physiology is downloaded and evaluated post-monitoring against medical diagnostic criteria. Medical specialists are pre-identified
(Continued)



and paired up with key diagnostic findings, such that an individual whose monitoring data indicates a medical concern will be automatically referred and treated.

10 Claims, 5 Drawing Sheets

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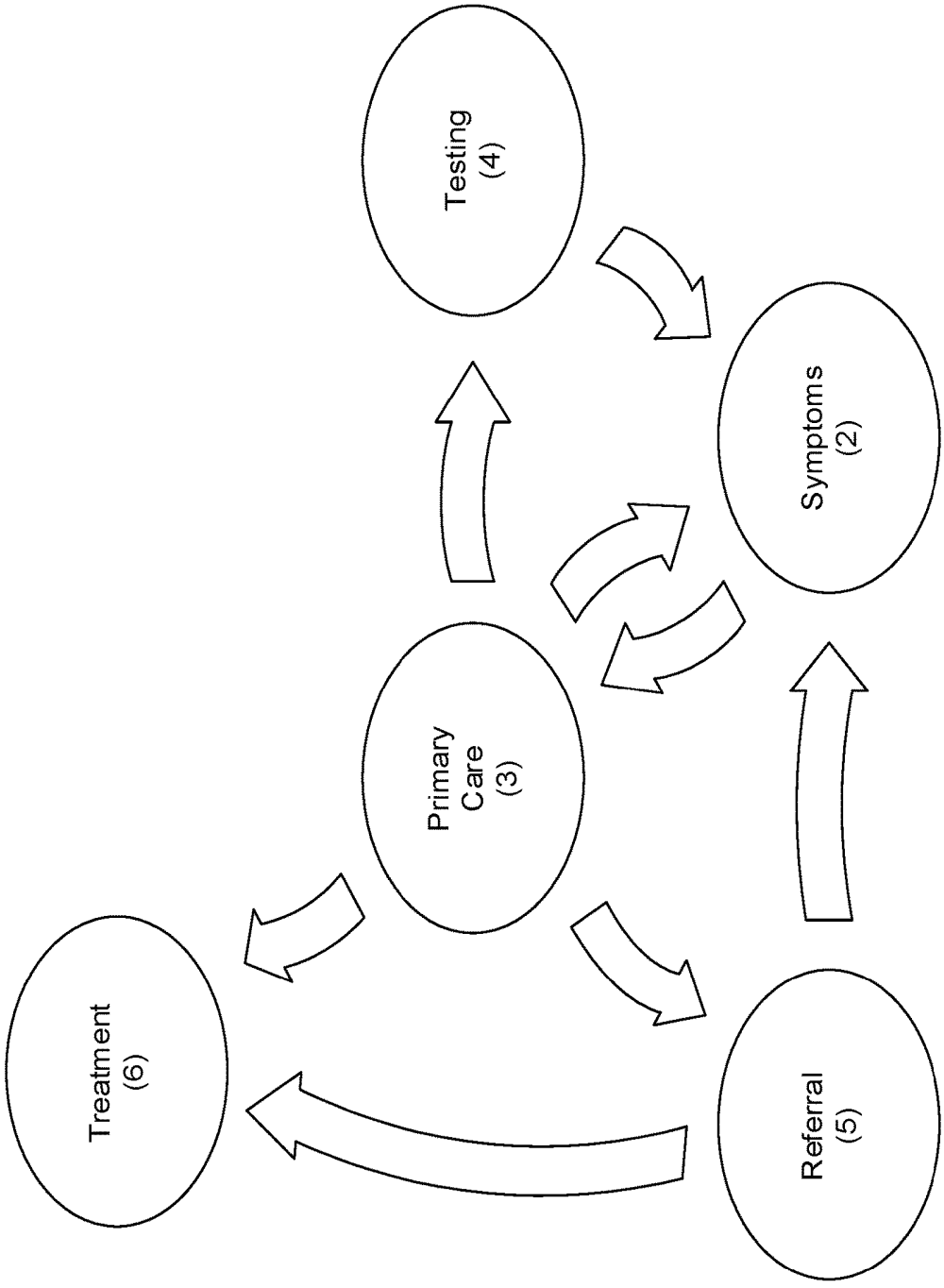
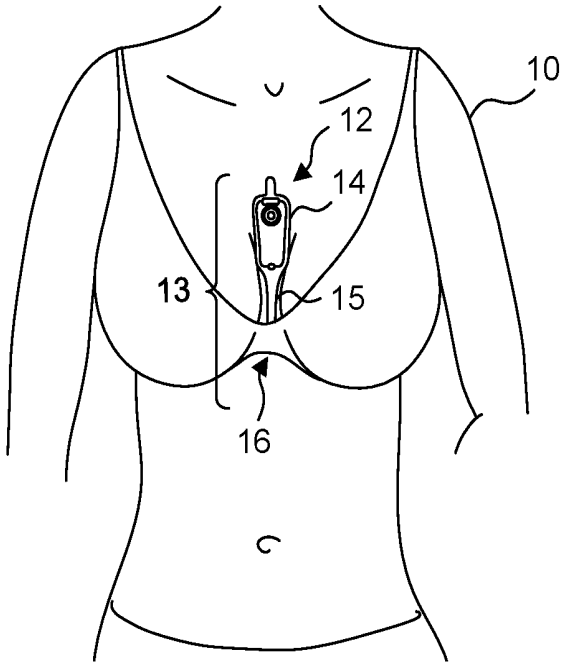


Fig. 1
(prior art).
1

Fig. 2.



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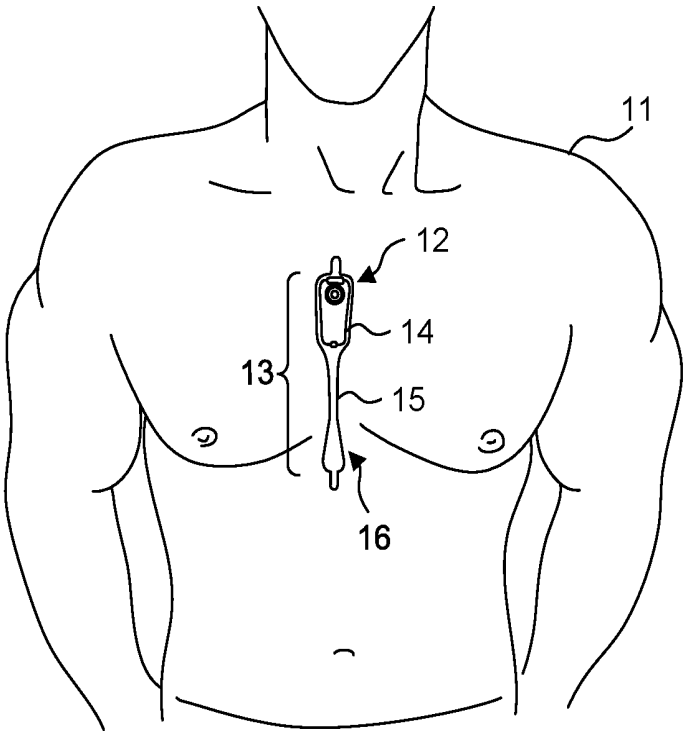

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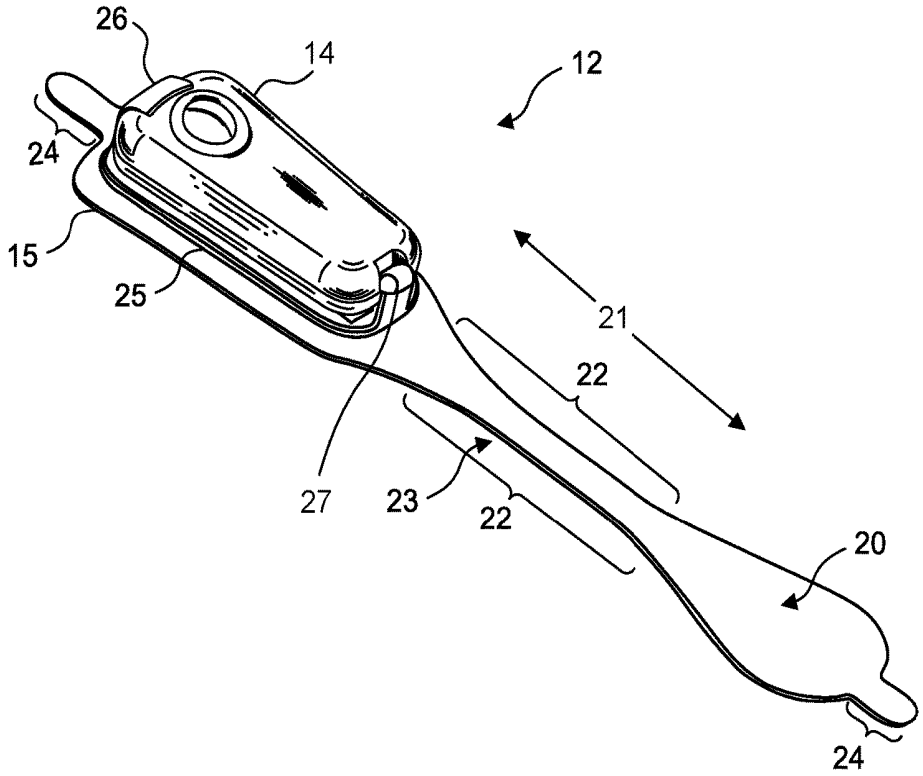

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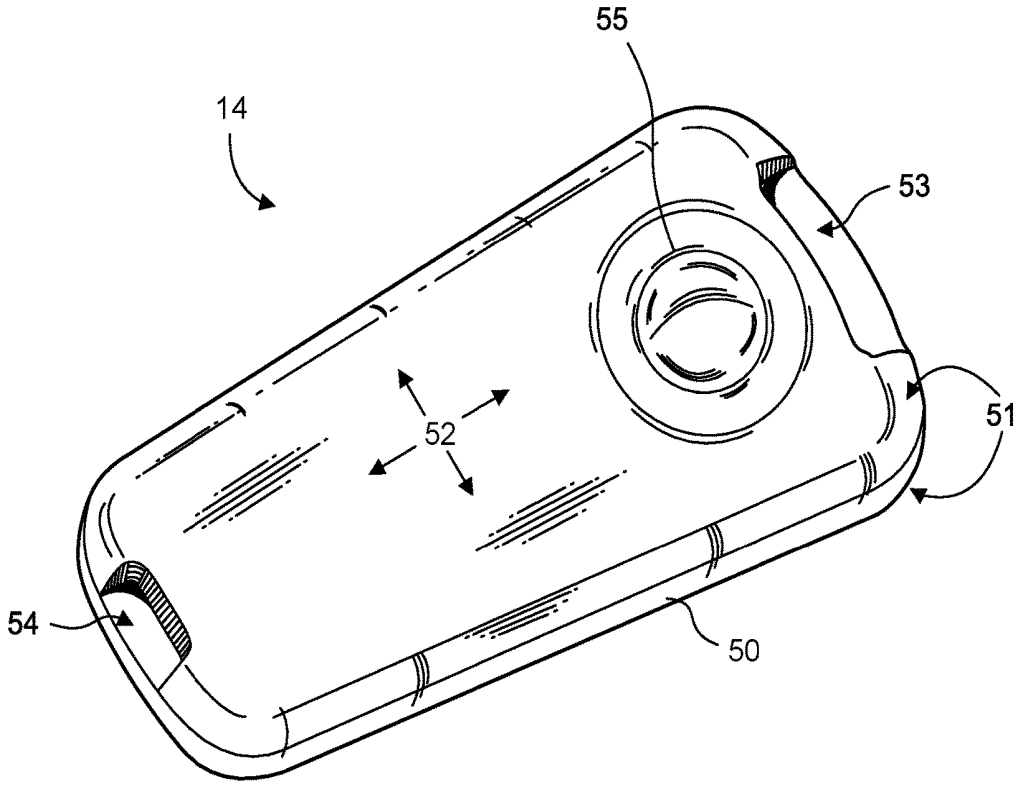

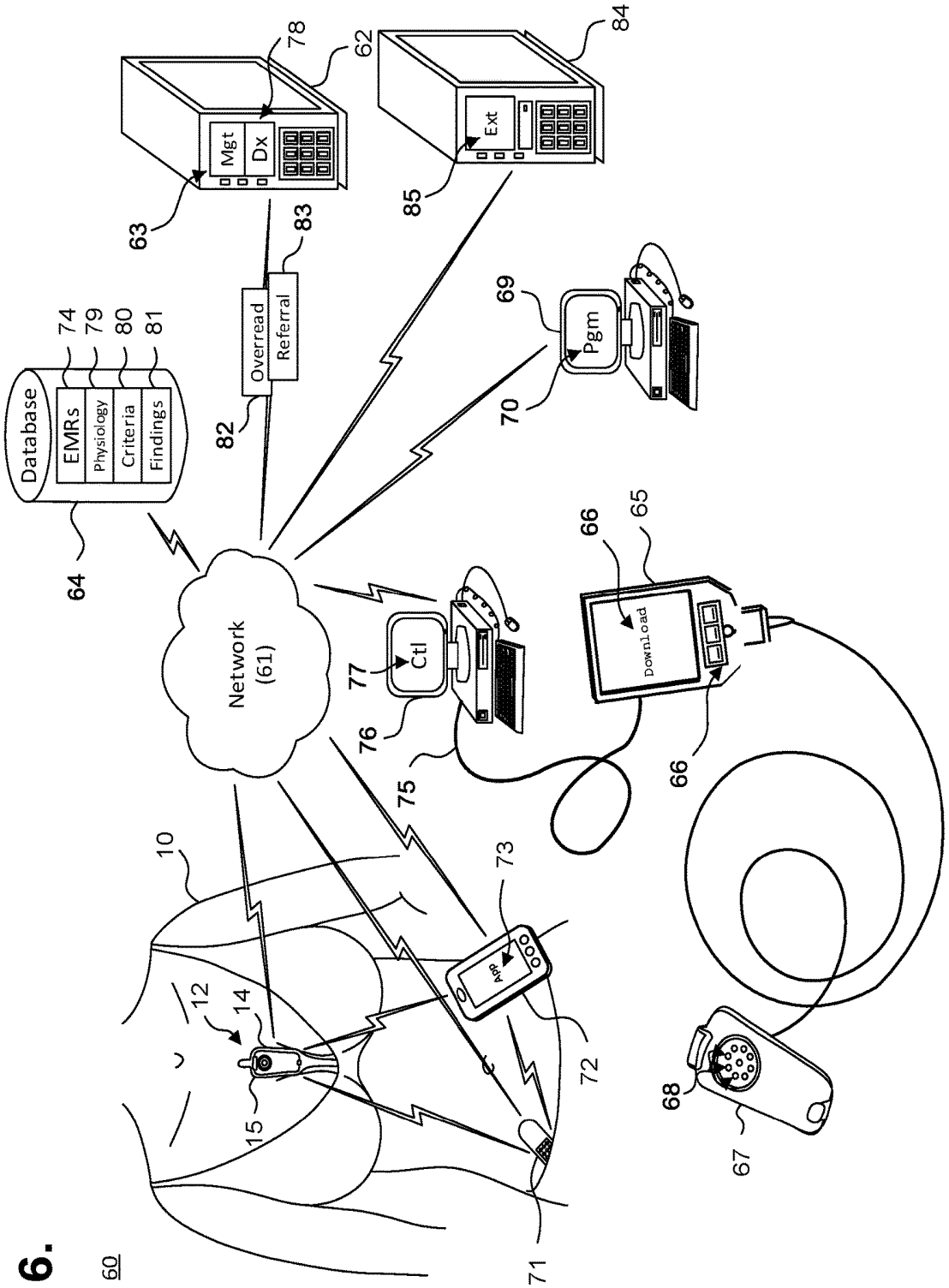
Database
EMRs
Physiology
Criteria
Findings
74
79
80
81
64
Network
(61)
Mgt
Dx
78
62
63
Ext
84
85
Overread
Referral
83
82
Pgm
69
70
Ctl
77
76
75
Download
66
65
66
10
12
14
15
73
72
71
68
67
60

Fig. 6.

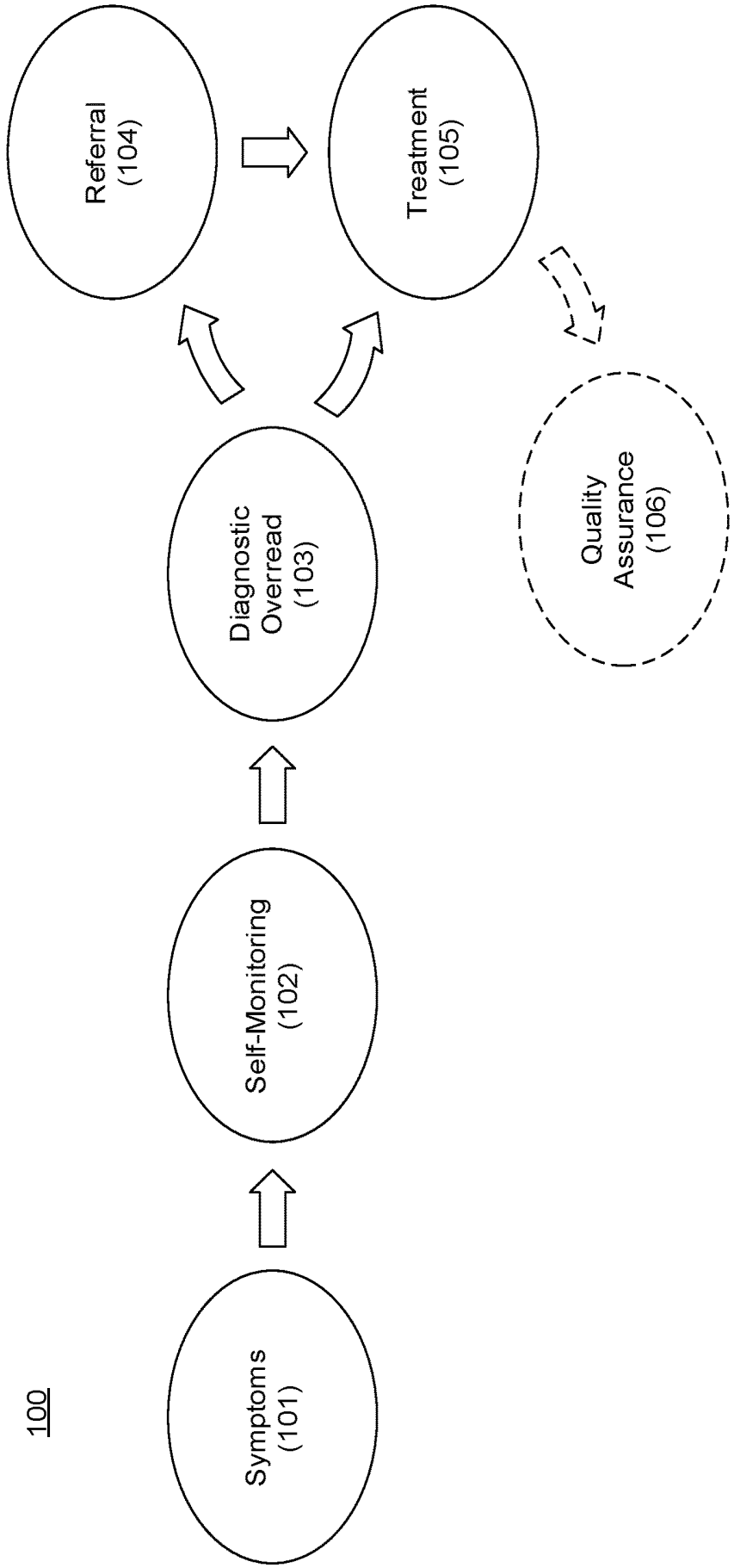
Referral
(104)
Treatment
(105)
Diagnostic
Overread
(103)
Quality
Assurance
(106)
Self-Monitoring
(102)
Symptoms
(101)

Fig. 7.

100

HEALTH MONITORING APPARATUS FOR INITIATING A TREATMENT OF A PATIENT BASED ON PHYSIOLOGICAL DATA WITH THE AID OF A DIGITAL COMPUTER

CROSS-REFERENCE TO RELATED APPLICATION

This non-provisional patent application is a continuation of U.S. patent application Ser. No. 15/948,915, filed Apr. 9, 2018, which is a continuation of U.S. Pat. No. 9,936,875, issued Apr. 10, 2018, which is a continuation of U.S. Pat. No. 9,788,722, issued Oct. 17, 2017, which is a divisional of U.S. Pat. No. 9,504,423, issued Nov. 29, 2016, the disclosures of which are incorporated by reference.

FIELD

This application relates in general to wearable health monitors and, in particular, to a health monitoring apparatus with wireless capabilities for initiating a patient treatment with the aid of a digital computer.

BACKGROUND

Ensuring ready access to health care remains a pressing concern in our increasingly fast-paced society, but the ever climbing costs of health care makes having health insurance or similar financial arrangements all but essential for practically everyone except the wealthy or destitute. For the insured, the average health insurance carrier effectively serves as the gatekeeper that controls entry into the health care system and who manages the provisioning or denial of health care by stipulating the terms under which benefits will be paid. Thusly, health insurance subscribers (or enrollees) are at times caught in the middle between the dictates of their insurer and their ability to readily address their health concerns. On the one hand, a subscriber who bypasses his primary care provider, as typically required by an insurer as a first contact, and instead seeks out a medical specialist on his own may be taking a financial risk, as a health insurer could deny coverage. On the other hand, the primary care provider may not always offer a satisfactory or practicable solution, particularly in situations where a condition has symptoms that are transient or infrequent, or which underlies a disorder with a long incubatory or onset period, as can happen with certain chronic conditions.

For instance, cardiac rhythm disorders may present with lightheadedness, fainting, chest pain, hypoxia, syncope, palpitations, and congestive heart failure (CHF), yet cardiac rhythm disorders are often sporadic in occurrence and may not show up in-clinic during a conventional 12-second electrocardiogram (ECG). Moreover, some types of cardiac rhythm disorders may warrant immediate subspecialist care, such as heart blockage, tachycardia and bradycardia, which require the attention of an electrophysiologist. Continuous ambulatory ECG monitoring over an extended period is more apt to capture sporadic cardiac events, yet health insurers often require a primary care referral to a monitoring laboratory before underwriting long-term ECG monitoring and access to a specialist may be delayed or denied, depending upon the ECG monitoring results.

Notwithstanding, if a subscriber's ECG could be recorded in an ambulatory setting over a prolonged time period, particularly for as long as seven days or more, thereby allowing the subscriber to engage in activities of daily living, the chances of acquiring meaningful medical information and capturing an abnormal event while the subscriber is engaged in normal activities are vastly improved. Unfortunately, few, if any, options for long-term ambulatory ECG monitoring that a subscriber could undertake on his own are available, and existing ECG monitoring solutions require physician involvement with tacit insurer approval. For instance, Holter monitors are widely used for extended ECG monitoring, typically for 24-48 hour time periods. A typical Holter monitor is a wearable and portable version of an ECG and, as such, is cumbersome, expensive and typically available for use only through a prescription, which limits their usability, and the discretion to refer the subscriber still remains with the attending physician.

Similarly, the ZIO XT Patch and ZIO Event Card devices, manufactured by iRhythm Tech., Inc., San Francisco, Calif., are wearable monitoring devices that are typically worn on the upper left pectoral region to respectively provide continuous and looping ECG recording. The location is used to simulate surgically implanted monitors. The ZIO XT Patch device is limited to a 14-day period, while just the electrodes of the ZIO Event Card device can be worn for up to 30 days. Both devices represent compromises between length of wear and quality of ECG monitoring. Moreover, both of these devices are also prescription-only, which limits their usability and, the same as a Holter monitor, the discretion to refer the subscriber remains with the attending physician.

Therefore, a need remains for a low cost monitor for recording an ECG and other physiology that can be used by an individual on their own, without health insurance preauthorization, yet which can identify and generate an actionable, health condition-specific (and ideally health insurance-payable) referral to a medical specialist when medically appropriate.

SUMMARY

Certain kinds of medical conditions, particularly conditions that only sporadically exhibit measurable symptoms, defy conventional forms of medical diagnosis centered on in-clinic testing. Individuals who suffer from such conditions can feel helpless in their attempts to secure access to medical care because, at least in part, they are left to the mercy of their condition to present symptoms at the right time to allow diagnosis and treatment. Moreover, such individuals may present to a physician or other health care provider unable to provide state-of-the-art care for cardiac conditions, especially cardiac rhythm disorders. Providing these individuals with ambulatory extended-wear health monitors that record ECG and physiology, preferably available over-the-counter and without health insurance preauthorization, is a first step towards addressing their needs expeditiously. In addition, these individuals need a way to gain entry into the health care system once a medically-actionable medical condition has been identified. Here, the ECG and physiology is downloaded and evaluated post-monitoring against medical diagnostic criteria. Medical specialists are pre-identified and paired up with key diagnostic findings, such that an individual whose monitoring data indicates a medical concern will be automatically referred and scheduled for a consultation, thereby removing delays and bypassing intermediaries who will not provide definitive interventions for the patient.

In one embodiment, a health monitoring apparatus for initiating a patient treatment based on physiological data with the aid of a digital computer is provided. The apparatus includes a wearable health monitor, a download station configured to receive the physiology sensed by the wearable

health monitor, and an at least one computer interfaced to the download station. The wearable health monitor includes a flexible backing; a plurality of electrocardiographic electrodes included on the flexible backing and provided to sense a patient's physiology over a monitoring period; and a plurality of flexible circuit traces affixed at each end of the flexible backing with each circuit trace connecting one of the electrocardiographic electrodes and via which the sensed physiology is recorded by the wearable health monitor. The at least one computer includes a database configured to store the physiology and medical diagnostic criteria; and a processor and a memory configured to store code executable by the processor and including: a comparison module configured to generate a diagnostic overread of the physiology using the medical diagnostic criteria; and an initiation module configured to initiating medical care of the patient with one or more pre-identified care providers via the computer based on the overread.

In a further embodiment, a health monitoring apparatus for initiating a patient treatment based on physiological data with the aid of a digital computer is provided. The apparatus includes a wearable health monitor, a download station configured to receive the physiology sensed by the wearable health monitor, and an at least one computer interfaced to the download station. The wearable health monitor includes a sealed housing; and an electronic circuitry included within the sealed housing and including an external interface configured to be connected to a pair of electrocardiographic electrodes configured to sense physiology of a patient throughout an extended period and an onboard memory configured to store the recorded physiology. The at least one computer includes a database configured to store the physiology and medical diagnostic criteria; and a processor and a memory configured to store code executable by the processor and including: a comparison module configured to generate a diagnostic overread of the physiology using the medical diagnostic criteria; and an initiation module configured to initiating medical care of the patient with one or more pre-identified care providers via the computer based on the overread.

Still other embodiments will become readily apparent to those skilled in the art from the following detailed description, wherein are described embodiments by way of illustrating the best mode contemplated. As will be realized, other and different embodiments are possible and the embodiments' several details are capable of modifications in various obvious respects, all without departing from their spirit and the scope. Accordingly, the drawings and detailed description are to be regarded as illustrative in nature and not as restrictive.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. **1** is a process flow diagram showing, by way of example, one prior art approach to addressing medical conditions in a managed care model of health insurance.

FIGS. **2** and **3** are diagrams showing, by way of examples, an extended wear electrocardiography and physiological wearable monitor respectively fitted to the sternal region of a female patient and a male patient.

FIG. **4** is a perspective view showing a contact-activated extended wear electrode patch with a monitor recorder inserted.

FIG. **5** is a perspective view showing the monitor recorder of FIG. **4**.

FIG. **6** is a functional block diagram showing a system for addressing medical conditions with the aid of a digital computer through the monitor recorder of FIG. **4**, in accordance with one embodiment.

FIG. **7** is a process flow diagram showing a method addressing medical conditions through a wearable health monitor with the aid of a digital computer in accordance with one embodiment.

DETAILED DESCRIPTION

For certain types of medical conditions, gaining access to health care can be a time-consuming and often frustrating experience. In the case of cardiac rhythm disorders, such delays can cause death. One possible reason stems from the restrictions often imposed on subscribers of both private and government mandated health insurance, especially when provided in the form of managed care, which employs a network of contracted health care providers and medical facilities that are structured to control costs and help to improve overall quality of care. FIG. **1** is a process flow diagram showing, by way of example, one prior art approach to addressing medical conditions in a managed care model 1 of health insurance. In this model, the average health insurance carrier, such as those provided by the Affordable Care Act, effectively serves as the gatekeeper that controls entry into the health care system and who manages the provisioning or denial of health care by stipulating the terms under which benefits will be paid. At times, the goals of the health insurer as the arbiter of benefits can be at odds with the medical concerns of their subscribers, who are generally expected to comply with their insurer's guidelines to receive care for non-urgent health conditions, or to seek an exception, preferably beforehand.

The managed care model 1 of health insurance can work well in providing access to care for those subscribers who are able to be served by the network of health care providers and facilities that has been set up by the health insurer to address the majority of expected health concerns. For example, for non-urgent, undiagnosed physical ailments and health conditions, a health insurer will generally require a subscriber suffering symptoms (step 2) to see their primary care provider first (step 3). The subscriber may undergo testing (step 4) and follow up with the primary care provider (step 3) with the expectation that most health conditions can be resolved without departing from the primary care level. When circumstances dictate, the subscriber may be referred to a medical specialist (step 5); ordinarily, a showing of medical necessity will be required before the health insurer will be contractually obligated to pay benefits. The type of medical specialist to whom the subscriber is referred is based upon the primary care provider's understanding of the health condition, experience, and referral network, which may be biased towards the health care provider network already set in place. At its best, such a system may still cause considerable delays in diagnosis and management of a cardiac rhythm disorder or other serious physiological condition.

The managed care model 1 can begin to fail when health insurance subscribers encounter medical conditions that depart from the expected norm, particularly medical conditions whose symptoms are transient or infrequent, or which underlie a disorder with a long incubatory or onset period, such as heart disease, diabetes mellitus, epilepsy, Parkinson's disease, and Alzheimer's disease. The cycle of having symptoms (step 2), seeing a primary care provider (step 3), undergoing testing (step 4), and perhaps receiving a medical

specialist referral (step 5) may be repeated several times until the health condition either resolves on its own (step 2), is diagnosed and treated at the primary care level (step 3), or possibly worsens, perhaps significantly, such that intervention by a medical specialist is necessary (step 6), albeit at the cost of potentially complicating treatment, endangering cure or effective management, increasing medical costs, and negatively affecting quality or duration of life.

In these situations, access to care is hindered, at least in part, by the difficulty of or inability to narrow down the cause of the symptoms through in-clinic testing. Repetitions of the primary care cycle may not always be efficacious; for example, in-clinic testing of a subscriber is only effective if administered coincident to the timely occurrence of a sporadically-occurring medical condition, yet such conditions, such as an abnormal heart rhythm or syncope, rarely occur on demand or when needed for present diagnosis. In addition, some health conditions may require a level of care or medical specialization with which the primary care provider is unversed, and a referral may not provide the relief ultimately sought. In some situations, the cycle of testing and follow up may be repeatedly revisited; the subscriber may be forced to undergo more testing and delay until and if an appropriate medical specialist becomes involved. Misdiagnosis or maldiagnosis remain potential risks.

As an example, consider the potentially life-threatening problem of syncope, or loss of consciousness. Syncope affects millions of Americans annually. Syncope also can be extremely difficult to diagnose because the condition is intermittent and gives no warning. Causes can range from the relatively trivial, such as fainting from emotional excitement, to a life-threatening cardiac rhythm disorder, like transient heart block, that if the condition were to persist, would result in death, and not just transient loss of consciousness. Atrial fibrillation, another potential cause of syncope, is extremely common and is an occult and leading cause of stroke. Most patients with syncope never see a physician because they either dismiss the condition as a one-time event, rationalizing its import away, or struggle to see a physician of some sort, almost always a generalist, for help. Many such physicians either inappropriately dismiss the patient as anxious or begin the long-process to getting at the root cause. At minimum, this process requires referral to a cardiologist, who then prescribes an ECG monitor, usually the traditional 24-hour Holter monitor, which in turn must be interpreted. The patient must then return for evaluation and possible therapy. The delay for each of these steps can take weeks. Often, the patient (or sometimes the doctor) gives up and returns to his "normal" life only to experience a second episode of syncope or something worse, like a stroke or death. The better way to deal with syncope is for the patient to self-apply an over-the-counter ECG monitor at modest personal expense, yielding valuable data in a fraction of the time and cost of the traditional approach, potential preventing a stroke or even saving the patient's life.

The shortcomings of the managed care model 1, as well as other types of health care provisioning arrangements that mandate who an individual must see first for non-urgent, undiagnosed medical conditions, can be significantly overcome by empowering the patient with basic self-help tools that improve access to health care. These tools include the ability to perform self-monitoring of personal physiology, including ECG monitoring, as described in the previous paragraph, and to be able to tap into an automated referral network that, when medically appropriate, will connect the individual with the right specialist for the medical conditions observed and diagnosed. Such physiological monitoring can be provided through a wearable monitor that can be interfaced with a diagnostics computer system that can download physiology recorded by the wearable monitor and generate a medically-actionable diagnostic overread, all without requiring the constant oversight or active involvement of a health insurer or managed care system.

By way of example, using the heretofore referenced problem of syncope resulting from a cardiac rhythm disorder, the wearable monitor includes two components, a flexible extended wear electrode patch and a removable reusable monitor recorder. FIGS. **2** and **3** are diagrams showing, by way of example, an extended wear electrocardiography and physiological wearable monitor **12**, including a monitor recorder **14** in accordance with one embodiment, respectively fitted to the sternal region of a female patient **10** and a male patient **11**. Both the monitor recorder **14** and the electrode patch **15** are optimized to capture electrical signals from the propagation of low amplitude, relatively low frequency content cardiac action potentials, particularly the P-waves generated during atrial activation. The wearable monitor **12** could include additional sensors to monitor and record other types of physiology, including blood pressure, respiratory rate, temperature, and blood glucose, either in addition to or in lieu of heart rate.

The wearable monitor **12** sits centrally (in the midline) on the patient's chest over the mid-sternum **13** oriented top-to-bottom with the monitor recorder **14** preferably situated towards the patient's head. The electrode patch **15** is shaped to fit comfortably, conforming to the contours of the patient's chest approximately centered on the sternal midline **16** (or immediately to either side of the sternum **13**). The distal end of the electrode patch **15** extends towards the xiphoid process and, depending upon the patient's build, may straddle the region over the xiphoid process. The proximal end of the electrode patch **15**, located under the monitor recorder **14**, is below the manubrium and, depending upon patient's build, may straddle the region over the manubrium.

During ECG monitoring, the amplitude and strength of action potentials sensed on the body's surface are affected to varying degrees by cardiac, cellular, and extracellular structure and activity, vector of current flow, and physical factors, like obesity, dermatitis, large breasts, and high impedance skin, as can occur in dark-skinned individuals. Sensing along the sternal midline **16** (or immediately to either side of the sternum **13**) significantly improves the ability of the wearable monitor **12** to cutaneously sense cardiac electric signals, particularly the P-wave (or atrial activity) and, to a lesser extent, the QRS interval signals in the ECG waveforms that indicate ventricular activity by countering some of the effects of these factors, such as described in commonly-assigned U.S. Patent application Publication No. 2016/0007872, published Jan. 14, 2016, pending, the disclosure of which is incorporated by reference, while simultaneously facilitating comfortable long-term wear for many weeks. The sternum **13** overlies the right atrium of the heart and the placement of the wearable monitor **12** in the region of the sternal midline **16** puts the ECG electrodes of the electrode patch **15** in a location better adapted to sensing and recording P-wave signals than other placement locations, say, the upper left pectoral region or lateral thoracic region or the limb leads. In addition, placing the lower or inferior pole (ECG electrode) of the electrode patch **15** over (or near) the xiphoid process facilitates sensing of ventricular activity and provides excellent recordation of the QRS interval as the xiphoid process overlies the apical region of the ventricles.

During use, the electrode patch **15** is first adhered to the skin along the sternal midline **16** (or immediately to either side of the sternum **13**). A monitor recorder **14** is then snapped into place on the electrode patch **15** to initiate ECG monitoring, with the monitoring being initiated upon the recorder **14** detecting contact with the patient. (Note that the monitor can also be snapped into place on a table prior to removing adhesive liner and application of the electrode patch to the skin.) FIG. **4** is a perspective view showing a contact-activated extended wear electrode patch **15** with a monitor recorder **14** inserted. The body of the electrode patch **15** is preferably constructed using a flexible backing **20** formed as an elongated strip **21** of wrap knit or similar stretchable material with a narrow longitudinal mid-section **23** evenly tapering inward from both sides. A pair of cut-outs **22** between the distal and proximal ends of the electrode patch **15** create a narrow longitudinal midsection **23** or "isthmus" and defines an elongated "hourglass"-like shape, when viewed from above. The upper part of the "hourglass" is sized to allow an electrically non-conductive receptacle **25**, sits on top of the outward-facing surface of the electrode patch **15**, to be affixed to the electrode patch **15** with an ECG electrode placed underneath on the patient-facing underside, or contact, surface of the electrode patch **15**; the upper part of the "hourglass" has a longer and wider profile (but still rounded and tapered to fit comfortably between the breasts) than the lower part of the "hourglass," which is sized primarily to allow just the placement of an ECG electrode of appropriate shape and surface area to record the P-wave and the QRS signals sufficiently given the inter-electrode spacing.

The electrode patch **15** incorporates features that significantly improve wearability, performance, and patient comfort throughout an extended monitoring period for men or women. During wear, the electrode patch **15** is susceptible to pushing, pulling, and torqueing movements, including compressional and torsional forces when the patient bends forward, and tensile and torsional forces when the patient leans backwards or twists their thorax. To counter these stress forces, the electrode patch **15** incorporates strain and crimp reliefs, such as described in commonly-assigned U.S. Patent application Publication No. 2015/0087948, published Mar. 26, 2015, pending, and U.S. Pat. No. 9,433,380, the disclosures of which are incorporated by reference. In addition, the cut-outs **22** and longitudinal midsection **23** help minimize interference with and discomfort to breast tissue, particularly in women (and gynecomastic men). The cut-outs **22** and longitudinal midsection **23** further allow better conformity of the electrode patch **15** to sternal bowing and to the narrow isthmus of flat skin that can occur along the bottom of the intermammary cleft between the breasts, especially in buxom women. The cut-outs **22** and longitudinal midsection **23** help the electrode patch **15** fit nicely between a pair of female breasts in the intermammary cleft. Still other shapes, cut-outs and conformities to the electrode patch **15** are possible.

The monitor recorder **14** removably and reusably snaps into an electrically non-conductive receptacle **25** during use. The monitor recorder **14** contains electronic circuitry for recording and storing the patient's electrocardiography as sensed via a pair of ECG electrodes provided on the electrode patch **15**, such as described in commonly-assigned U.S. Patent Application Publication No. 2015/0087949, published Mar. 26, 2015, pending, the disclosure which is incorporated by reference. The non-conductive receptacle **25** is provided on the top surface of the flexible backing **20** with a retention catch **26** and tension clip **27** molded into the non-conductive receptacle **25** to conformably receive and securely hold the monitor recorder **14** in place.

The monitor recorder **14** includes a sealed housing that snaps into place in the non-conductive receptacle **25**. FIG. **5** is a perspective view showing the monitor recorder **14** of FIG. **4**. The sealed housing **50** of the monitor recorder **14** has a rounded isosceles trapezoidal-like shape **52**, for comfort with women, when viewed from above, such as described in commonly-assigned U.S. Design Pat. No. D717,955, entitled "Electrocardiography Monitor," issued Nov. 18, 2014, the disclosure of which is incorporated by reference. In addition, a label, barcode, QR code, or other visible or electronic indicia can be printed on the outside of, applied to the outside of, or integrated into the sealed housing **50** to uniquely identify the monitor recorder **14** and can include a serial number, manufacturing lot number, date of manufacture, and so forth. The edges **51** along the top and bottom surfaces are rounded for patient comfort. The sealed housing **50** is approximately 47 mm long, 23 mm wide at the widest point, and 7 mm high, excluding a patient-operable tactile-feedback button **55**. The sealed housing **50** can be molded out of polycarbonate, ABS, or an alloy of those two materials. The button **55** is waterproof and the button's top outer surface is molded silicon rubber or similar soft pliable material. A retention detent **53** and tension detent **54** are molded along the edges of the top surface of the housing **50** to respectively engage the retention catch **26** and the tension clip **27** molded into non-conductive receptacle **25**. Other shapes, features, and conformities of the sealed housing **50** are possible.

The electrode patch **15** is intended to be disposable. The monitor recorder **14**, however, is reusable and can be transferred to successive electrode patches **15** to ensure continuity of monitoring. The placement of the wearable monitor **12** in a location at the sternal midline **16** (or immediately to either side of the sternum **13**) benefits long-term extended wear by removing the requirement that ECG electrodes be continually placed in the same spots on the skin throughout the monitoring period. Instead, the patient is free to place an electrode patch **15** anywhere within the general region of the sternum **13**.

As a result, at any point during ECG monitoring, the patient's skin is able to recover from the wearing of an electrode patch **15**, which increases patient comfort and satisfaction, while the monitor recorder **14** ensures ECG monitoring continuity with minimal effort. A monitor recorder **14** is merely unsnapped from a worn out electrode patch **15**, the worn out electrode patch **15** is removed from the skin, a new electrode patch **15** is adhered to the skin, possibly in a new spot immediately adjacent to the earlier location, and the same monitor recorder **14** is snapped into the new electrode patch **15** to reinitiate and continue the ECG monitoring.

When operated standalone, the monitor recorder **14** senses and records the patient's ECG and physiology data into an onboard memory, which can be downloaded and evaluated to identify and generate an actionable, health condition-specific (and ideally health insurance-payable) referral to a medical specialist when medically appropriate. In addition, the wearable monitor **12** can interoperate with other devices, which further improves upon a patient's ability to address medical conditions on his own. FIG. **6** is a functional block diagram showing a system **60** for addressing medical conditions with the aid of a digital computer **62** through the monitor recorder **14** of FIG. **4**, in accordance with one embodiment. In one form, the monitor recorder **14** is a reusable component that can be fitted during patient

monitoring into a non-conductive receptacle provided on the electrode patch **15**, and later removed for offloading of stored ECG data or to receive revised programming. The monitor recorder **14** can then be connected to a download station **65**, which could be a dedicated programmer or other device, including a digital computer, such as personal computer **76**, that permits the retrieval of stored ECG monitoring data, execution of diagnostics on or programming of the monitor recorder **14**, or performance of other functions.

To facilitate physical connection with a download station **65**, the monitor recorder **14** has a set of electrical contacts (not shown) that enable the monitor recorder **14** to physically interface to a set of terminals **68** on a paired receptacle **67** of the download station **65**. In turn, the download station **65** executes a communications or offload program **66** ("Offload") or similar program that interacts with the monitor recorder **14** via the physical interface to retrieve the stored ECG and physiology monitoring data. The download station **65** could be a server, personal computer, such as personal computer **76**, tablet or handheld computer, smart mobile device, or purpose-built device designed specific to the task of interfacing with a monitor recorder **14**. Still other forms of download station **65** are possible. In a further embodiment, the data from the monitor **12** can be offloaded wirelessly and the monitor **12** can interface with the download station **65** wirelessly.

The ECG and physiology data retrieved from the monitor recorder **14** by the download station **65** can, in turn, be retrieved from the download station **65** over a hard link **75** using a control program **77** ("Ctl") or analogous application executing on a personal computer **76** or other connectable computing device, via a communications link (not shown), whether wired or wireless, or by physical transfer of storage media (not shown). The personal computer **76** or other connectable device may also execute middleware that converts ECG and physiology data and other information into a format suitable for use by a third-party post-monitoring analysis program. Formatted data stored on the personal computer **76** is maintained and safeguarded in the same manner as electronic medical records (EMRs) **74** are protected in the secure database **64**, as further discussed infra. In a further embodiment, the download station **65** is able to directly interface with other devices over a computer communications network **61**, which could be some combination of a local area network and a wide area network, including the Internet or another telecommunications network, over a wired or wireless connection.

A client-server model could be used for ECG and physiology data download and analysis. In this model, a server **62** remotely interfaces with the download station **65**, by way of the personal computer **76**, over the network **61** and retrieves the formatted data or other information. The server **62** executes a patient management program **63** ("Mgt") or similar application that stores the retrieved formatted data and other information in a secure database **64** cataloged in that patient's EMRs **74**. Patients' EMRs can be supplemented with other information, such as medical history, testing results, and so forth, which can be factored into automated diagnosis and referral. In addition, the patient management program **63** could manage a subscription service that authorizes a monitor recorder **14** to operate for a set period of time or under pre-defined operational parameters.

The patient management program **63**, or other trusted application, also maintains and safeguards the secure database **64** to limit access to patient EMRs **74** to only authorized parties for appropriate medical or other uses, such as mandated by state or federal law, such as under the Health Insurance Portability and Accountability Act (HIPAA) or per the European Union's Data Protection Directive. For example, a physician may seek to review and evaluate his patient's ECG monitoring data, as securely stored in the secure database **64**. The physician would execute an application program **70** ("Pgm"), such as a post-monitoring ECG analysis program, on a personal computer **69** or other connectable computing device, and, through the application program **70**, coordinate access to his patient's EMRs **74** with the patient management program **63**. Other schemes and safeguards to protect and maintain the integrity of patient EMRs **74** are possible.

In a further embodiment, the wearable monitor **12** can interoperate wirelessly with other wearable physiology monitors and activity sensors **71**, such as activity trackers worn on the wrist or body, and with mobile devices **72**, including smart watches and smartphones. Wearable physiology monitors and activity sensors **71** encompass a wide range of wirelessly interconnectable devices that measure or monitor a patient's physiological data, such as heart rate, temperature, blood pressure, respiratory rate, blood pressure, blood sugar (with appropriate subcutaneous probe), oxygen saturation, minute ventilation, and so on; physical states, such as movement, sleep, footsteps, and the like; and performance, including calories burned or estimated blood glucose level. The physiology sensors in non-wearable mobile devices, particularly smartphones, are generally not meant for continuous tracking and do not provide medically precise and actionable data sufficient for a physician to prescribe a surgical or serious drug intervention; such data can be considered screening information that something may be wrong, but not data that provides the highly precise information that may allow for a surgery, such as implantation of a pacemaker for heart block or a defibrillator for ventricular tachycardia, or the application of serious medications, like blood thinners for atrial fibrillation or a cardiac ablation procedure. Such devices, like smartphones, are better suited to pre- and post-exercise monitoring or as devices that can provide a signal that something is wrong, but not in the sufficient detail and medico-legal validation to allow for medical action. Conversely, medically actionable wearable sensors and devices sometimes provide continuous recording for relatively short time periods, but must be paired with a smartphone or computer to offload and evaluate the recorded data, especially if the data is of urgent concern, such as mobile cardiac outpatient telemetry devices.

Wearable physiology monitors and activity sensors **71**, also known as "activity monitors," and to a lesser extent, "fitness" sensor-equipped mobile devices **72**, can trace their life-tracking origins to ambulatory devices used within the medical community to sense and record traditional medical physiology that could be useful to a physician in arriving at a patient diagnosis or clinical trajectory, as well as from outside the medical community, from, for instance, sports or lifestyle product companies who seek to educate and assist individuals with self-quantifying interests. Data is typically tracked by the wearable physiology monitors or activity sensors **71** and mobile device **72** for only the personal use of the wearer. The physiological monitoring is usually considered informational only, even where a device originated within the medical or health care community, in part, because the data has not been (and is not intended to be) time-correlated to physician-supervised monitoring. Importantly, medically-significant events, such as cardiac rhythm disorders, including tachyarrhythmias, like ventricular tachycardia or atrial fibrillation, and bradyarrhythmias, like

heart block, while potentially detectable with the appropriate diagnostic heuristics, are neither identified nor acted upon by the wearable physiology monitors and activity sensors **71** and the mobile device **72**. Nevertheless, wearable physiology monitors or activity sensors **71** and mobile device **72** may play a role in helping a patient start to address a medical concern at a lay level.

Frequently, wearable physiology monitors and activity sensors **71** are capable of wirelessly interfacing with mobile devices **72**, particularly smart mobile devices, including so-called "smartphones" and "smart watches," as well as with personal computers and tablet or handheld computers, to download monitoring data either in real-time or in batches. The wireless interfacing of such activity monitors is generally achieved using transceivers that provide low-power, short-range wireless communications, such as Bluetooth, although some wearable physiology monitors and activity sensors **71**, like their mobile device cohorts, have transceivers that provide true wireless communications services, including 4G or better mobile telecommunications, over a telecommunications network. Other types of wireless and wired interfacing are possible.

Where the wearable physiology monitors and activity sensors **71** are paired with a mobile device **72**, the mobile device **72** executes an application ("App") that can retrieve the data collected by the wearable physiology monitor and activity sensor **71** and evaluate the data to generate information of interest to the wearer, such as an estimation of the effectiveness of the wearer's exercise efforts. Where the wearable physiology monitors and activity sensors **71** has sufficient onboard computational resources, the activity monitor itself executes an app without the need to relay data to a mobile device **72**. Generally, such more computationally-capable wearable physiology monitors and activity sensors are also equipped with wireless communications services transceivers, such as found in some smart watches that combine the features of activity monitors with mobile devices. Still other activity monitor and mobile device functions on the collected data are possible.

In a further embodiment, a wearable physiology monitor, activity sensor **71**, or mobile device **72** worn or held by the patient **10**, or otherwise be used proximal to the patient's body, can be used to first obtain and then work collaboratively with a more definitive (medical grade) monitor recorder **14** to enable the collection of physiology by the monitor recorder **14** before, during, and after potentially medically-significant events. The wearable physiology monitor, activity sensor **71**, or mobile device **72** must be capable of sensing cardiac activity, particularly heart rate or rhythm, or other types of physiology or measures, either directly or upon review of relayed data. Where the wearable physiology monitor or activity sensor **71** is paired with a mobile device **72**, the mobile device **72** serves as a relay device and executes an application that will trigger the dispatch of a monitor recorder **14** to the patient **10** upon detecting potentially medically-significant events in the data provided by the paired activity monitor, such as cardiac rhythm disorders, including tachyarrhythmias and bradyarrhythmias, which are readily identifiable respectively based on abnormally rapid or slow heart rate. If the mobile device **72** is itself performing the monitoring of the patient's physiology, the mobile device **72** executes an application that will trigger the dispatch of a monitor recorder **14** to the patient **10** in near-real time upon detecting potentially medically-significant events, thereby avoiding the delay incurred by data relay from an activity monitor. Finally, if the wearable physiology monitor or activity sensor **71** has sufficient onboard computational resources and also is equipped with a wireless communications services transceiver, the wearable physiology monitor or activity sensor **71** effectively becomes the mobile device **72** and executes an application that will trigger the dispatch of a monitor recorder **14** to the patient **10** in near-real time upon detecting potentially medically-significant events without the need to first interface with a mobile device **72**. Still other configurations of the detection application are possible.

The act of triggering the dispatch of a monitor recorder **14** represents the first step in a cascade of possible medical interventions of potentially increasing seriousness and urgency. Sensors **71** and devices **73** are generally considered not to be capable of detecting and recording medically precise and actionable data, whereas, as a device designed and approved for extended wear, the monitor recorder **14** continually monitors the patient's physiology over a long time period and will capture any medically-actionable data leading up to, throughout the occurrence of, and following an event of potential medical concern.

The monitoring data recorded by the monitor recorder **14** can be uploaded directly into the patient's EMRs **74**, either by using a mobile device **72** as a conduit for communications with a server **62** coupled to a secure database **64** within which the patient's EMRs **74** are stored, or directly to the server **62**, if the monitor recorder **14** is appropriately equipped with a wireless transceiver or similar external data communications interface, as further described infra. Thus, the data recorded by the monitor recorder **14** would directly feed into the patient's EMRs **74**, thereby allowing the data to be made certifiable for immediate use by a physician or healthcare provider. No intermediate steps would be necessary when going from cutaneously sensing cardiac electric signals and collecting the patient's physiology using a monitor recorder **14** to presenting that recorded data to a physician or healthcare provider for medical diagnosis and care. The direct feeding of data from the monitor recorder **14** to the EMRs **74** clearly establishes the relationship of the data, as recorded by the monitor recorder **14**, to the patient **10** that the physician is seeing and appropriately identifies any potentially medically-significant event recorded in the data as originating in the patient **10** and nobody else.

Based on the monitoring ECG and physiology data, physicians and healthcare providers can rely on the data as certifiable and can directly proceed with determining the appropriate course of treatment for the patient **10**, including undertaking further medical interventions as appropriate. The server **62** executes a patient diagnosis program **78** ("Dx") or similar application that can evaluate the recorded physiology **79**, as fed into the patient's EMRs **74**. The patient diagnosis program **78** compares the recorded physiology **79** of each patient to a set of medical diagnostic criteria **80**, from which a diagnostic overread **82** is generated. Each diagnostic overread **82** includes one or more diagnostic findings **81** that are rated by degree of severity. If at least one of the diagnostic findings **81** for a patient exceed a threshold level of tolerance, which may be tailored to a specific client, disease or medical condition group, or applied to a general patient population, a referral **83**, which can include orders to seek immediate treatment, is generated on behalf of the patient to a pre-identified care provider for medical care and the patient is notified.

The referral **83** is an actionable, health condition-specific form of communication that is electronically dispatched directly to a care provider. The care provider is reached through a care provider network server **84**, or other patient referral system, that executes an external patient care pro-

gram ("Ext") and which interfaces over the network **61** to the patient diagnosis program **78** executing on the server **62**. In a further embodiment, the care provider and patient could also be reached using social media, provided the necessary patient privacy permissions are in place. The referral **83** represents a request on behalf of the patient to an appropriate type of care provider, which could be a general practice physician if the patient's physiology **79** represents normal tracings or a medical specialist, for instance, a cardiac electrophysiologist referral when the physiology **79** includes a diagnostic finding **81** of an event of sufficient potential severity to warrant the possible implantation of a pacemaker for heart block or a defibrillator for ventricular tachycardia. A further example would be the direct referral to a cardiologist for the finding of atrial fibrillation for the initiation of blood thinners and possibly an ablation procedure.

Other uses of the data recorded by the monitor recorder **14** and other devices are possible. For instance, a patient **10** who has previously suffered heart failure is particularly susceptible to ventricular tachycardia following a period of exercise or strenuous physical activity. A wearable sensor **71** or device **73** that includes a heart rate monitor would be able to timely detect an irregularity in heart rhythm. The application executed by the sensor **71** or device **73** allows those devices to take action by triggering the dispatch of a monitor recorder **14** to the patient **10**, even though the data recorded by the sensor **71** or device **73** is itself generally medically-insufficient for purposes of diagnosis and care. Thus, rather than passively recording patient data, the sensor **71** or device **73** takes on an active role in initiating the provisioning of medical care to the patient **10** and starts a cascade of appropriate medical interventions under the tutelage of and followed by physicians and trained healthcare professionals.

In a still further embodiment, the monitor recorder **14** could upload an event detection application to the sensor **71** or device **73** to enable those devices to detect those types of potentially medically-significant events, which would trigger the dispatch of a monitor recorder **14** to the patient **10**. Alternatively, the event detection application could be downloaded to the sensor **71** or device **73** from an online application store or similar online application repository. Finally, the monitor recorder **14** could use the sensor **71** or device **73** to generate an appropriate alert, including contacting the patient's physician or healthcare services, via wireless (or wired) communications, upon detecting a potentially medically-significant event or in response to a patient prompting.

The patient **10** could be notified by the sensor **71** or device **73**, through the sensor's or device's user interface, that an event of potential medical concern has been detected coupled with an offer to have a monitor recorder **14** sent out to the patient **10**, assuming that the patient **10** is not already wearing a monitor recorder **14**. Alternatively, the sensor **71** or device **73** could unilaterally send out a request for a monitor recorder **14**. The request for a monitor recorder **14** could be sent via wireless (or wired) communications to the patient's physician, a medical service provider organization, a pharmacy, an emergency medical service, or other appropriate healthcare entity that would, in turn, physically provide the patient with a monitor recorder **14**. The patient **10** could also be told to pick up a monitor recorder **14** directly from one of the above-identified sources.

Conventional Holter monitors, as well as the ZIO XT Patch and ZIO Event Card devices, described supra, are currently available only by a physician's prescription for a specific patient **10**. As a result, the physiological data recorded by these monitors and devices are assumed by healthcare professional to belong to the patient **10**. In this prescriptive medicine context, grave questions as to the authenticity of the patient's identity and the data recorded do not generally arise, although current medical practice still favors requesting affirmative patient and caregiver identification at every step of healthcare provisioning. As a device intended for adoption and usage broader than prescriptive medicine, the monitor recorder **14** carries the potential to be used by more than one individual, which can raise concerns as to the veracity of the data recorded.

In a still further embodiment, the mobile device **72**, or, if properly equipped, the activity monitor, can be used to help authenticate the patient **10** at the outset of and throughout the monitoring period. The mobile device **72** (or activity monitor) must be appropriately equipped with a digital camera or other feature capable of recording physical indicia located within the proximity of the mobile device **72**. For instance, the Samsung Galaxy S5 smartphone has both a biometric fingerprint reader and autofocusing digital camera built in. Upon receipt of a monitor recorder **14**, the patient **10** can use the photographic or other recording features of the mobile device **72** (or activity monitor) to physically record the placement and use of the monitor recorder **14**. For instance, the patient **10** could take a picture or make a video of the monitor recorder **14** using as applied to the chest using the built-in digital camera. The patient **10** could also swipe a finger over the biometric fingerprint reader. Preferably, the patient **10** would include both his or her face or similar uniquely-identifying marks or indicia, such as a scar, tattoo, body piercing, or RFID chip, plus any visible or electronic indicia on the outside of the monitor recorder's housing, as further described infra with reference to FIG. **5**, in the physical recording. The physical recording would then be sent by the mobile device **72** (or activity monitor) via wireless (or wired) communications to the patient's physician's office or other appropriate caregiver, thereby facilitating the authentication of the data recorded by the monitor recorder **14**. Alternatively, the physical recording could be securely stored by the monitor recorder **14** as part of the monitoring ECG and physiology data set.

The mobile device **72** could also serve as a conduit for providing the data collected by the wearable physiology monitor or activity sensor **71** to the server **62**, or, similarly, the wearable physiology monitor or activity sensor **71** could itself directly provide the collected data to the server **62**. The server **62** could then merge the collected data into the wearer's EMRs **74** in the secure database **64**, if appropriate (and permissible), or the server **62** could perform an analysis of the collected data, perhaps based by comparison to a population of like wearers of the wearable physiology monitor or activity sensor **71**. Still other server **62** functions on the collected data are possible.

Finally, the monitor recorder **14** can also be equipped with a wireless transceiver. Thus, when wireless-enabled, both wearable physiology monitors, activity sensors **71**, and mobile devices **72** can wirelessly interface with the monitor recorder **14**, which could either provide data or other information to, or receive data or other information from an interfacing device for relay to a further device, such as the server **62**, analysis, or other purpose. In addition, the monitor recorder **14** could wirelessly interface directly with the server **62**, personal computer **69**, or other computing device connectable over the network **61**, when the monitor recorder **14** is appropriately equipped for interfacing with such devices. In one embodiment, network **61** can be a telecommunications network, such as the Internet or a cellular network, and the wireless transceiver can have at least some

cellular phone capabilities, such as by being able to connect to the telecommunications networks. For example, if implemented using the standard such as Bluetooth® 4.2 standard or a Wi-Fi standard, the transceiver can connect to the Internet. Similarly, if implemented using a cellular standard and including a cellular chipset, the transceiver can connect to a cellular network as further described below. Once connected, the monitor recorder **14** can interface with the above-described devices via connecting to the telecommunications network. Still other types of remote interfacing of the monitor recorder **14** are possible.

The wearable monitor **12** records a patient's cardiac activity, with an emphasis on sensing atrial activity and, to a lesser extent, ventricular activity, over an extended period of monitoring. The wearable monitor **12** could include additional sensors to monitor and record other types of physiology, including blood pressure, respiratory rate, temperature, and blood glucose, either in addition to or in lieu of heart rate. FIG. **7** is a process flow diagram showing a method **100** addressing medical conditions through a wearable health monitor **12** with the aid of a digital computer **62** in accordance with one embodiment. The method **100** can be implemented with the aid of software, firmware or hardware and execution of the method **100** can be performed in salient part on a download station **65**, which could be a programmer or other device, or a digital computer, including a server **62** or personal computer **76**, as a series of process or method modules or steps. For convenience, the method **100** will be described in the context of being performed by a digital computer. Execution of the method **100** by other types of computing devices would be analogous mutatis mutandis.

At the outset, a patient suffering symptoms indicative of a non-urgent physical ailment or health condition (step 101) will obtain a wearable monitor **12**, or similar device, and initiate self-monitoring (step 102). The wearable monitor **12** will record the patient's ECG and physiology data over a monitoring period and the data will be recorded into an onboard memory. Upon completion of the monitoring period, the ECG and physiology data will be downloaded into a digital computer with, for instance, the assistance of a download station **65** or similar device, or via wireless connection, if the wearable monitor **12** is so equipped.

The ECG and physiology data **79** retrieved from the wearable monitor **12** is evaluated to identify situations in which the patient requires specific actionable health care. The digital computer generates a diagnostic overread (step 103) of the ECG and physiology data **79** by comparing the data to a set of diagnostic criteria **80**. The ECG and physiology data **79** may be structured along a temporal spectrum that reflects changes in physiology over time, or could be structured on a per event basis where a change in physiology alone suffices to raise a concern. A diagnostic criteria **80** can be defined generally for classes of health conditions, such as cardiac disorder, respiratory distress, hypoglycemia, and hypoxia, or for specific medical conditions, for instance, light headedness that consists of near syncope, atrial fibrillation that consists of episodes longer than 1 minute, ectopy that consists, on average, of over 3 PVCs per minute, palpitations that consist of rapid fluttering over the left side of the chest, supraventricular tachycardia that consists of rates greater than 180 bpm, ventricular tachycardia that consists of more than 3 ventricular beats in a row, bradycardia that consists of pauses greater than 3 seconds, or heart blockage that consists of unconducted normal sinus impulses. Other diagnostic criteria are possible.

Diagnostic findings **81** are made for each of the diagnostic criteria **80**. The diagnostic findings **81** are rated by the digital computer by degree of severity and compared to a threshold level of tolerance for each finding. The diagnostic findings **81** may be tailored to a specific client, disease or medical condition group, or applied to a general patient population. If any of the diagnostic findings **81** rate severely enough to warrant medical attention, a referral **83** is automatically generated on behalf of the patient to a pre-identified care provider (step 104) primarily when the patient's medical condition is novel and has not previously been noted in the patient's medical history, although a referral may still be appropriate in some situations where the medical condition has already presented. When the patient's medical condition is pre-existing, the patient may be told to seek immediate medical treatment with a pre-identified medical facility (step 105), thereby bypassing the sequential and laggard referral route, although a referral and immediate medical treatment could both be triggered regardless of medical condition, should the patient so desire, regardless of monitoring outcome. In this instance, where the monitor shows only normal activity or unactionable activity, the patient will likely be referred to a general practitioner.

The foregoing solution to addressing a patient's medical conditions can happen without having to preemptively involve health insurance. Moreover, the wearable monitor **12** works particularly well with medical conditions that defy in-clinic testing. In addition, a database of pre-identified care providers ordered by medical specialty or other selection criteria can be paired with the diagnostic criteria to ensure that a patient gains access to the appropriate type of medical care required based on the diagnostic findings made for his medical condition. In a further embodiment, quality assurance can be performed (step 106) following the dispatch of a referral to rate the health care received by the patient using metrics such as quality, efficiency, and expediency. Other quality assurance metrics are possible. Still other operations and steps are possible.

While the invention has been particularly shown and described as referenced to the embodiments thereof, those skilled in the art will understand that the foregoing and other changes in form and detail may be made therein without departing from the spirit and scope.

What is claimed is:

1. A health monitoring apparatus for initiating a patient treatment based on physiological data with the aid of a digital computer, comprising:

a wearable health monitor comprising:

a flexible backing;

a plurality of electrocardiographic electrodes comprised on the flexible backing and provided to sense a patient's physiology over a monitoring period; and

a plurality of flexible circuit traces affixed at each end of the flexible backing with each circuit trace connecting one of the electrocardiographic electrodes and via which the sensed physiology is recorded by the wearable health monitor;

a download station configured to receive the physiology sensed by the wearable health monitor;

at least one computer interfaced to the download station, comprising:

a database configured to store the physiology and medical diagnostic criteria; and

a processor and a memory configured to store code executable by the processor and comprising:

a comparison module configured to generate a diagnostic overread of the physiology using the medical diagnostic criteria; and

an initiation module configured to initiating medical care of the patient with one or more pre-identified care providers via the computer based on the overread.

2. A health monitoring apparatus according to claim **1**, further comprising:

the database further comprising the patient's electronic medical records, wherein the diagnostic overread is generated further based on the electronic medical records.

3. A health monitoring apparatus according to claim **1**, wherein the electronic medical records comprise the patient's medical history and testing results.

4. A health monitoring apparatus according to claim **1**, the wearable health monitor further comprising:

a wireless transceiver operable to wirelessly interface with one or more external wireless-enabled devices.

5. A health monitoring apparatus according to claim **4**, wherein one of the wireless-enabled devices comprises a mobile device configured to receive the physiology recorded by the wearable physiology monitor and to transmit the physiology to the download station.

6. A health monitoring apparatus according to claim **1**, the wearable health monitor comprising an additional physiological sensor configured to collect additional physiological data, wherein the diagnostic overread is further based on the additional physiological data.

7. A health monitoring apparatus according to claim **6**, wherein the additional physiological data comprises blood pressure, respiratory rate, temperature, and blood glucose.

8. A health monitoring apparatus according to claim **1**, the referral module further comprising at least one of:

a notification module configured to notify a general practice physician upon a diagnostic finding comprising normal physiological data despite patient complaints of light headedness or syncope;

a notification module configured to notify a cardiologist upon a diagnostic finding comprising atrial fibrillation of over 1 minute duration, ectopy comprising more than 3 PVCs per minute, palpitations comprising fluttering of the chest, and supraventricular tachycardia comprising heart rates over 180 bpm; and

a notification module configured to notify an electrophysiologist upon a diagnostic finding comprising ventricular tachycardia comprising 3 or more consecutive abnormal ventricular beats, bradycardia comprising pauses greater than 3 seconds, and heart blockage comprising the non-conduction of any normal sinus beat.

9. A health monitoring apparatus according to claim **8**, the referral module further comprising:

a notification module configured to generate a referral to one such care provider if the diagnostic findings comprises a medical condition not found in the patient's medical history; and

a notification module configured to engage proactive health care management if the diagnostic findings comprises a medical condition found in the patient's medical history.

10. A health monitoring apparatus according to claim **1**, the database further comprising the pre-identified care providers ordered by medical specialty and paired with one or more of the diagnostic criteria.

* * * * *

专利名称(译)	健康监测装置，用于借助数字计算机基于生理数据启动患者的治疗		
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[标]申请(专利权)人(译)	BARDY诊断		
申请(专利权)人(译)	BARDY诊断，INC.		
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IPC分类号	A61B5/00 A61B5/0404 A61B5/021 A61B5/0402 A61B5/1477 G16H40/67 A61B5/08 A61B5/01 A61B5/145 A61B5/0245 A61B5/0464 A61B5/0468 A61B5/046		
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优先权	15/785317 2018-04-10 US 15/362743 2017-10-17 US		
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摘要(译)

患有某些类型的医疗条件的个人，特别是偶尔会出现可测量症状的病症，在尝试获得医疗护理时会感到无助，因为至少在某种程度上，他们会受到病情的摆布而出现症状在合适的时间允许诊断和治疗。为这些人提供记录心电图和生理学的门诊延长服用健康监测器，最好是非处方药和没有健康保险预授权，这是满足他们需求的第一步。此外，一旦确定了医学上可行的医学病症，这些人就需要一种进入医疗保健系统的方法。在此，根据医学诊断标准下载并评估ECG和生理学。医学专家已预先确定并与关键诊断结果配对，以便监测数据表明医疗问题的个人将被自动转介和治疗。