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EXAMINER

HUNTER, SEAN KRISTOPHER

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UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

Ex parte MARIANA SIMONS-NIKOLOVA,
ALEKSANDRA TESANOVIC, HARM JACOB BUISMAN,
ROB THEODORUS UDINK, HANS-ALOYS WISCHMANN, and
ARMIN BRUEGE

Appeal 2014-008327
Application 12/947,849¹
Technology Center 3600

Before, JOSEPH A. FISCHETTI, KEVIN W. CHERRY, and
ROBERT J. SILVERMAN, *Administrative Patent Judges*.

FISCHETTI, *Administrative Patent Judge*.

DECISION ON APPEAL

STATEMENT OF THE CASE

Appellants seek our review under 35 U.S.C. § 134 of the Examiner's
final rejection of claims 1–20. We have jurisdiction under 35 U.S.C. § 6(b).

¹ Appellants identify Koninklijke Philips N.V. as the real party in interest.
Appeal Br. 2.

Claim 1, reproduced below, is representative of the subject matter on appeal.

1. A computer-implemented method for creating a care plan, the method comprising:
 - displaying, by a display device, a list of psychological determinants;
 - receiving, by a processor, a selection of a group of psychological determinants chosen from the list of psychological determinants;
 - generating, by the processor, a list of behavioral models using the group of psychological determinants;
 - receiving, by the processor, a selection of at least one selected behavioral model from the list of behavioral models;
 - determining, by the processor, a time line for a global structure of a coaching plan using the at least one selected behavioral model, wherein the time line defines a stage of the coaching plan for each of the at least one selected behavioral model, wherein each stage specifies unresolved symbolic links representing multi-media content;
 - compiling, by the processor, a coaching object file using the time line, wherein the coaching object file comprises the unresolved symbolic links;
 - linking, by the processor, the coaching object file to a library of multi-media content to resolve the unresolved symbolic links; wherein linking the coaching object file creates the coaching plan;
 - integrating, by the processor, the coaching plan into the care plan; and
 - writing, by the processor, the care plan to a computer-readable storage medium.

THE REJECTION

The following rejection is before us for review.

Claims 1–20 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Bildirici (US 2007/0033072, pub. Feb. 8, 2007), in view of Stivoric (US 2008/0319796, pub. Dec. 25, 2008).

ANALYSIS

Each of independent claims 1, 17 and 19 recites, in pertinent part, the steps of:

determining, by the processor, a time line for a global structure of a coaching plan using the at least one selected behavioral model, wherein the time line defines a stage of the coaching plan for each of the at least one selected behavioral model, wherein each stage specifies unresolved symbolic links representing multi-media content.

The Examiner found concerning this limitation that Bildirici discloses this feature at, at least, “Abstract; p. 2, ¶0030–0031; p. 3, ¶0034; p. 3, ¶0038; p. 3, ¶0041–0042; p. 5, ¶0063” (Final Act. 3). The Examiner thus reasons:

The Examiner understands the concept of a "periodic personal action plan", that is dynamically adapted and modified, to include "a time line", as recited by the Appellant. Periodic suggests that said "periodic personal action plan" could be relatively any period, i.e., a plan for every day, a plan for every week, a plan for every month, etc. According to the Appellant's specification/drawings, the "a time line for the global structure of the coaching plan" seems to be a calendar week, from Sunday through Saturday, as shown in the Appellant's figures in

Figures 12A through 12E (p. 15–19 of Appellant's Drawings dated 17 November 2010). Furthermore, the Examiner understands the "symbolic links" as recited by the Appellant in the limitation in question at hand, to represent a link to information for a patient, with that information being in any format of multimedia content. The Examiner understands the disclosures as provided above from Bildirici in view of Stivoric to also encompass the concept of providing a wide variety of information to the patient as well.

(Answer 13).

Appellants however argue that:

The six excerpts cited by the Examiner are as follows: 1) "inventive system and method enable full and automated coordination between multiple separate parties in the continual application and progress of the comprehensive care plan and also provide a platform-independent solution ... ; inventive system and method dynamically improve and modify the comprehensive care plan based on data periodically obtained from medical information resources;" 2) "operation of the inventive system is controlled by a comprehensive care control (CCC) system, operated as a comprehensive care network center via a date (e.g., web) portal; ... CCC system includes a variety of CC database resources, as well as communication interface and expert system capabilities;" 3) "providing, not only support for and capability for comprehensive continuous care development and monitoring, but also enabling care coordination based on all of the patient's needs; ... accomplished by combining innovative technologies of the CCC system with novel comprehensive care planning methodologies, as well as with personal services;" 4) "providing human level interaction the patient in guiding them through the care plan implementation and execution;" 5) "providing patient access to customized non-medical services to

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provide for the patient's numerous other needs (social, quality of life, nutritional, financial, etc.) of the patients other than the narrow areas covered by their diagnostic systems and support staff;" 6) "process involves the steps of preparing for each of the patients, a periodic personal action plan ... providing quality of life management services ... the patients may also be provided with information about their care plan, offered quality of life services, as well as information about their medical condition." (*See Office Action 7 /26/13, pp. 13–14*). The Appellants respectfully submit that these six references do not reasonably teach or suggest "determining, by the processor, a time line for a global structure of a coaching plan using the at least one selected behavioral model, wherein the time line defines a stage of the coaching plan for each of the at least one selected behavioral model, wherein each stage specifies unresolved symbolic links representing multi-media content," as recited in claim 1.

(Appeal Br. 5–6).

We agree with Appellants and disagree with the Examiner that “‘symbolic links’ as recited by the Appellant in the limitation in question at hand, . . . represent a link to information for a patient, with that information being in any format of multimedia content.” (Answer 13).

The Specification gives a meaning for what “symbolic linking” means, namely,

For instance it may mean embedding the multimedia content within the care plan; it may also mean moving the library of multimedia content or a portion of the library of multimedia content to the memory of the processor that will execute the coaching plan; it may also mean replacing the unresolved symbolic link by a resolved link to an existing multi-media element. The step may take as input a symbolic generic name

for a multi-media content item, for example CHF-IntroVideo, and converts it into a resolved file name such as “CHF_1_DE_de_v13_640x480_PAL.mp4.” The symbolic generic name may also be converted into a file name with path or even a URL.

(Spec. 5, l. 3)

As set forth by the Examiner, *supra*, nowhere in any of the sections cited by the Examiner does Bildirici disclose an unresolved symbolic link to a file using file name and path in a stage of model timeline. That is, the claims require that the term “symbolic links” be used such that a “stage of the coaching plan for each of the at least one selected behavioral model ... specif[y] unresolved symbolic links representing multi-media content...” At paragraphs 30, 31, 34 and 38, Bildirici at best, discloses, “a platform-independent CC data monitoring interface” (*see* para. 31) using a powerful information gathering system, but discloses nothing about linking unresolved symbolic links to multi-media content within the context of a model timeline. Likewise, Bildirici in paragraphs 41, 42 and 63 only discloses the desired effect of providing patients access to customized non-medical services using a web portal. Thus, we find no support in the Examiner’s findings that Bildirici either alone or in combination with Stivoric discloses a stage of a plan which specifies the claimed unresolved symbolic link.

Thus, we will not sustain the rejection of independent claim 1, 17, and 19. Since claims 2–16, 18, and 20 depend from one of claims 1, 17 and 19,

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and since we cannot sustain the rejection of claims 1, 17 and 19, the rejection of claims 2–16, 18, and 20 likewise cannot be sustained.

CONCLUSIONS OF LAW

We conclude the Examiner did err in rejecting claims 1–20 under 35 U.S.C. § 103(a).

DECISION

The decision of the Examiner to reject claims 1–20 is reversed.

No time period for taking any subsequent action in connection with this appeal may be extended under 37 C.F.R. § 1.136(a). *See* 37 C.F.R. § 1.136(a)(1)(iv).

REVERSED.