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**Datasheet for the decision  
of 10 October 2019**

**Case Number:** T 2733/16 - 3.5.05

**Application Number:** 07853641.4

**Publication Number:** 2076859

**IPC:** G06F19/00

**Language of the proceedings:** EN

**Title of invention:**

INDIVIDUAL HEALTH RECORD SYSTEM AND APPARATUS

**Applicant:**

CentrifyHealth, LLC.

**Headword:**

Individual-centric/CENTRIFYHEALTH

**Relevant legal provisions:**

EPC Art. 84, 123(2)

**Keyword:**

Claims - clarity (no)

Amendments - added subject-matter (yes)

**Decisions cited:**

**Catchword:**



**Beschwerdekammern**  
**Boards of Appeal**  
**Chambres de recours**

Boards of Appeal of the  
European Patent Office  
Richard-Reitzner-Allee 8  
85540 Haar  
GERMANY  
Tel. +49 (0)89 2399-0  
Fax +49 (0)89 2399-4465

Case Number: T 2733/16 - 3.5.05

**D E C I S I O N**  
**of Technical Board of Appeal 3.5.05**  
**of 10 October 2019**

**Appellant:** CentriflyHealth, LLC.  
(Applicant) 102 Woodmont Blvd. 200  
Nashville TN 37205 (US)

**Representative:** Abel & Imray  
Westpoint Building  
James Street West  
Bath BA1 2DA (GB)

**Decision under appeal:** **Decision of the Examining Division of the  
European Patent Office posted on 4 August 2016  
refusing European patent application No.  
07853641.4 pursuant to Article 97(2) EPC.**

**Composition of the Board:**

**Chair** A. Ritzka  
**Members:** E. Konak  
G. Weiss

## **Summary of Facts and Submissions**

- I. The appeal is against the decision of the examining division to refuse the application for lack of an inventive step (Article 56 EPC) over a general purpose computer.
- II. In its statement setting out the grounds of appeal, the appellant requested that the decision be set aside and a patent be granted on the basis of the main request or one of auxiliary requests 1 to 6, on which the contested decision is based. It requested oral proceedings as a further auxiliary measure.
- III. In its preliminary opinion, the board raised objections under Articles 123(2), 84 and 56 EPC.
- IV. In response to the summons to oral proceedings, the appellant filed auxiliary requests 7 to 9.
- V. The appellant informed the board that it would not attend the scheduled oral proceedings. Oral proceedings were held in the appellant's absence.
- VI. Claim 1 of the main request reads as follows:

"A system for processing, storing and handling health care information, comprising:  
an appliance device configured to implement an individual-centric health information model, said appliance device comprising the following components:  
a persistent data storage device configured to store health care information;  
an information input means configured to receive health care information from one or more health care

information sources, wherein at least a portion of said health care information is received from preexisting external electronic data records, further wherein at least a portion of said health care information is fragmented or poorly formatted;

an individual-centric health care ontology comprising distinct health care related concepts, the distinct concepts having attribute information that identifies characteristics of the concept, and relationship information linking the concept to other distinct concepts in the ontology;

an object model configured to define one or more health care objects relating to health events, health conditions, health services, health products, or health relationships to implement the individual-centric health information model incorporating said health care ontology;

a central health record means configured to:

- validate the received health care information;
- parse the received health care information;
- transform the received health care information into individual-centric health care information, which is a composite account of an individual's overall health care;

- assign one or more ontology concept codes to the transformed health care information using the health care ontology, a health care ontology concept code being a reference code linking health care information to a distinct concept in the health care ontology;

- determine if the transformed health care information can be matched to an entity with an associated health care object in the health care information on said persistent data storage device;
- if a match exists, modify the associated health care object using the transformed information,

otherwise create a new health care object using the transformed information, wherein the subsequent health care object comprises a single object integrating the information taken from the one or more health care information sources; and a user interface configured to provide access by one or more users to the system."

- VII. Claim 1 of auxiliary request 1 differs from claim 1 of the main request in that its penultimate paragraph reads as follows (with the additions underlined):

"if a match exists, modify the associated health care object using the transformed information, otherwise create a new health care object using the transformed information, wherein the subsequent health care object comprises a 'single best record' object integrating the best information taken from the one or more health care information sources; and"

- VIII. Claim 1 of auxiliary request 2 differs from claim 1 of auxiliary request 1 in that it is for "A machine ..." instead of "A system ...".

- IX. Claim 1 of auxiliary request 3 differs from claim 1 of auxiliary request 1 in that, at the beginning, it reads as follows (with the additions underlined and the deletions ~~struck through~~):

"An appliance device ~~system~~ for processing, storing and handling health care information, ~~comprising:~~  
~~an appliance device configured to implement an individual-centric health information model, said appliance device comprising the following components:~~"

- X. Claim 1 of auxiliary request 4 differs from claim 1 of auxiliary request 1 in that, at the beginning, it reads as follows (with the additions underlined and the deletions ~~struck through~~):

"A system for processing, storing and handling health care information, comprising:  
a ~~n~~ plurality of prepackaged, self-contained appliance devices configured to implement an individual-centric health information model by being added to one or more nodes of an existing health care information technology network without major re-architecting of said one or more nodes, each of said appliance devices comprising the following components:"

- XI. Claim 1 of auxiliary request 5 differs from claim 1 of the main request in that, at the beginning, it reads as follows (with the additions underlined and the deletions ~~struck through~~):

"A system for processing, storing and handling health care information, comprising:  
a ~~n~~ self-contained, plug-and-play appliance device configured to implement an individual-centric health information model, said appliance device comprising the following components:"

- XII. Claim 1 of auxiliary request 6 differs from claim 1 of auxiliary request 4 in that, at the beginning, it reads as follows (with the additions underlined):

"A system for processing, storing and handling health care information, comprising:  
a plurality of prepackaged, self-contained plug-and-play appliance devices configured to implement an individual-centric health information model by being

added to one or more nodes of an existing health care information technology network without major re-architecting of said one or more nodes, each of said appliance devices comprising the following components:"

XIII. Claim 1 of auxiliary request 7 differs from claim 1 of the main request as follows (with the additions underlined and the deletions ~~struck through~~):

"An appliance device configured to implement an [sic] health information model relating to the individual, the appliance device comprising a system for processing, storing and handling health care information, comprising:  
~~an appliance device configured to implement an individual-centric health information model, said appliance device comprising the following components:~~  
a persistent data storage device configured to store health care information;  
an information input means configured to receive health care information from one or more health care information sources, wherein at least a portion of said health care information is received from preexisting external electronic data records, further wherein at least a portion of said health care information is fragmented or poorly formatted;  
an [sic]~~individual-centric~~ health care ontology relating to the individual comprising distinct health care related concepts, the distinct concepts having attribute information that identifies characteristics of the concept, and relationship information linking the concept to other distinct concepts in the ontology;  
an object model configured to define one or more health care objects relating to health events, health conditions, health services, health products, or health relationships to implement the ~~individual-centric~~



health information model incorporating said health care ontology;

a central health record component ~~means~~ configured to:  
validate the received health care information;  
parse the received health care information;  
transform the received health care information into ~~individual-centric~~ health care information relating to the individual, which is a composite account of an individual's overall health care;  
assign one or more ontology concept codes to the transformed health care information using the health care ontology, a health care ontology concept code being a reference code linking health care information to a distinct concept in the health care ontology;  
determine if the transformed health care information can be matched to an entity with an associated health care object in the health care information on said persistent data storage device;  
if a match exists, modify the associated health care object using the transformed information, otherwise create a new health care object using the transformed information, wherein the subsequent health care object comprises a single object integrating the information taken from the one or more health care information sources; and  
a user interface configured to provide access by one or more users to the system."

- XIV. Claim 1 of auxiliary request 8 differs from claim 1 of auxiliary request 7 in that the part starting "a central health record component" has been replaced by the following text (with the additions underlined and the deletions ~~struck through~~):

~~"a central health care component~~ connectivity services comprising integration services configured to:

validate the received health care information;  
parse the received health care information; and  
transform the received health care information into health care information relating to the individual, which is a composite account of an individual's overall health care;

ontology services configured to assign one or more ontology concept codes to the transformed health care information using the health care ontology, a health care ontology concept code being a reference code linking health care information to a distinct concept in the health care ontology;

identity management services configured to determine if the transformed health care information can be matched to an entity with an associated health care object in the health care information on said persistent data storage device;

a central health care component configured, if a match exists, to modify the associated health care object using the transformed information, otherwise create a new health care object using the transformed information, wherein the subsequent health care object comprises a single object integrating the information taken from the one or more health care information sources; and

a user interface configured to provide access by one or more users to the system."

- XV. Claim 1 of auxiliary request 9 differs from claim 1 of auxiliary request 8 in that the following text has been inserted into its preamble before the word "comprising":

" the appliance device being configured to plug-and-play in an existing network or information technology system, , [sic] the appliance device"

### **Reasons for the Decision**

1. In its preliminary opinion, the board objected *inter alia* to the term "individual-centric", which was used in various expressions such as "individual-centric health information model", "individual-centric health care ontology" and "individual-centric health care information" in claim 1 of all the requests then on file, as being unclear, since this term does not have any technical meaning in the relevant art. The appellant responded in writing that "it is clear from the term *per se* and from the application as filed that 'individual-centric' means 'relating to the individual'". The appellant cited several passages of the application as originally filed which allegedly support this interpretation. Irrespective of what "relating to the individual" itself might mean, the board is not convinced by these arguments. To take first of all the appellant's argument that the term "individual-centric" *per se* clearly means "relating to the individual": although it can reasonably be assumed that the term "individual-centric" is related related in some way to the word "individual", it does not logically follow from this assumption that it means "relating to the individual". As for the argument that the application as originally filed supports this interpretation, none of the passages cited by the appellant (page 1, lines 13-14; page 2, lines 20-22; page 3, lines 9-12; page 6, lines 13-18; page 7, lines 10-14; page 15, lines 15-18 and page 17, lines 12-14) defines what "individual-centric" means. In fact,

"individual-centric" only appears in one of the cited passages, namely page 17, lines 12-14, which broadly states that the invention provides "an individual-centric view", without further elaborating what this might mean. Therefore, in the absence of a clear definition of the term "individual-centric", claim 1 of the main request and of auxiliary requests 1 to 6 is unclear (Article 84 EPC).

2. In auxiliary requests 7 to 9, filed in response to the board's preliminary opinion, the appellant replaced all occurrences of the term "individual-centric" with "relating to the individual", in accordance with the interpretation it gave to the term. The appellant gave the title, the field of the invention, the last sentence of the "Background of the Invention", page 2, lines 1-18, page 3, lines 8-12 and page 7, lines 10-15 as support for this amendment. However, none of these passages provide support, specifically for the ontology used in claim 1 of these requests to be "relating to the individual". Among the cited passages, page 3, line 12 and page 7, line 14 are the only ones in which the word "ontology" appears. Both passages mention a "comprehensive health care ontology", but not one "relating to the individual". Therefore, auxiliary requests 7 to 9 contain subject-matter which extends beyond the content of the application as originally filed (Article 123(2) EPC).

**Order**

**For these reasons it is decided that:**

The appeal is dismissed.

The Registrar:

The Chair:



K. Götz-Wein

A. Ritzka

Decision electronically authenticated