

attending physician by another physician, appropriate feed-back information is communicated to the referring physician. This can be accomplished by telephone report, electronic mail, or preferably by written hard copy print out as indicated by rectangle 153. On the other hand, if the patient is referred to another physician, provision is made for the making of an appointment and transmission of pertinent information to such other physician as noted by rectangle 154.

If there is no other physician referral, the System then accepts any Input Follow Up Instructions and prepares written communications thereof to the patient as noted by rectangle 155. If there are other follow ups as noted by rectangle 156, the System ensures that pertinent data and indicia are entered into pertinent files (including the System calendar) so that timely call-up can be made for monitoring and compliance. In addition, the System optionally determines whether the attending physician is a part of a relevant group of physicians as noted by rectangle 157. Ordinarily, if the attending physician is not part of the relevant group, some appropriate additional charge is made to reflect the relevant additional costs. This is indicated by rectangle 158.

When the visit or other contact (e.g., monitoring visit by attending physician to patient when hospitalized), an appropriate input is made to the System as denoted by rectangle 159. The System thus recognizes when the visit or other incident is completed and makes an appropriate record in its memory.

Now turning to FIG. 8, others of the features of the invention are depicted. There, the flow of information to central system records is indicated by rectangle 200. The System checks to ensure whether claim codes are accurate as noted by diamond 201. If no, the adjudication procedure is activated as noted by rectangle 202. According to such adjudication procedure, review by one or more designated persons is made to ensure a high level of quality control and conformity with applicable criteria.

Upon regularization of claim codes, claim information is transmitted to a client file as noted by rectangle 203. By client is meant an employer, group manager, insurance company and the like. Concurrently with transmission of claim information to the client, provision is made for transfer to the account of the health provider (e.g., the attending physician, clinic or the like) of the approved sums for such claims as noted by rectangle 204. This can be accomplished in a variety of ways, depending upon the desires of the health provider, employer, insurance company, group administrator and financial institution (e.g., bank). Such transfer is identified in the disclosure of FIG. 1 and is described in connection therewith. Information as to such transfer also is communicated to the relevant client file through an appropriate security system as noted by rectangle 205. Business management reports, as desired, are prepared periodically and sent to clients as noted by rectangle 206.

FIG. 9 depicts aspects of the above-mentioned utilization review. According to a feature of the System, utilization review may be tailored to meet criteria established by one or more users of the System. Thus, selected levels of expense, types of procedures, length of expected hospitalization, specific illnesses, categories of illnesses or other criteria may be utilized to identify those items for which utilization review is indicated. Alternatively, or in addition, selected items may be

selected at random for utilization review and quality control determination.

The point of connection to the flow diagrams of the foregoing Figures is discretionary. However, in accordance with the preferred embodiment, it is expected that the point defined by arrow 210 in FIG. 9 will connect into the remainder of the System at a point such as that identified by element 200 of FIG. 8. Thus in addition to information being transmitted to central records (as noted by rectangle 200), it also is made available to utilization review 211 (FIG. 9). As mentioned above, the System may be tailored to consider any of a variety of factors for review such as Cost 212, Treatment Results 213, Referral Matters 214, Other Opinions 215 and the like. From a review of the cost effectiveness of the item under consideration, factors indicative of Quality Control 216 may readily be calculated by the System using desired criteria. For example, the frequency of repeat consultations for the same health problem can be used as an indication or determinant of effectiveness of treatment. Moreover, from a study of System data, Recommendations and Reports 217 are generated to form the basis for future improvements.

FIG. 10 illustrates the aforementioned ancillary services in more detail. There, communication of ancillary needs is represented by arrows 220 and 221 which depict the two-way flow of information. As mentioned above, the System identifies the need for ancillary services by examining data and information relating to each participant (patient) as noted by rectangle 222 and calls such need to the attention of the attending physician or other designated authority. In the absence of entry to the contrary, the System communicates the need appropriately as described above to the indicated ancillary service, examples of which are Specialists 221, Dentists 222, Pharmacists 223 for Medications, Suppliers of Prostheses 224, and any others as represented by rectangle 225.

FIG. 11 illustrates the aforementioned feature of Post Treatment matters. There, arrows 228 and 239 indicate the two-way flow of information to and from the principal flow paths as described above. Also as described above, the System determines from entered data, the need for Post Treatment matters 230 such as Monitoring 231, Life Style 232, Medication 233, Weight Control 234 and Other 235. Thus, operation of the System is extended to cover all relevant facets of health maintenance and control.

Although the invention hereof has been described by way of example of a preferred embodiment, it will be evident that other adaptations and modifications may be employed without departing from the spirit and scope thereof. For example, other types of distributed processing could be employed. Additionally, a wide variety of automatic transfer of funds could be employed as between providers, ancillary services, employers, insurance companies and the like.

The terms and expressions employed herein have been used as terms of description and not of limitation; and thus, there is no intent of excluding equivalents, but on the contrary it is intended to cover any and all equivalents that may be employed without departing from the spirit and scope of the invention.

What is claimed is:

1. A comprehensive health care management system comprising:

(a) input means for entering data identifying each of a predetermined plurality of persons;