

Request for Reconsideration after Final Action

The table below presents the data as entered.

| Input Field | Entered |
|---|---|
| SERIAL NUMBER | 88212518 |
| LAW OFFICE ASSIGNED | LAW OFFICE 130 |
| MARK SECTION | |
| MARK FILE NAME | https://tmng-al.uspto.gov/resting2/api/img/88212518/large |
| LITERAL ELEMENT | SHAPING THE FUTURE OF HEALTHCARE |
| STANDARD CHARACTERS | NO |
| USPTO-GENERATED IMAGE | NO |
| ARGUMENT(S) | |
| See Arguments attached in evidence section | |
| EVIDENCE SECTION | |
| EVIDENCE FILE NAME(S) | |
| ORIGINAL PDF FILE | evi_216759226-20200106190808799548_.SHAPING_THE_FUTURE_OF_HEALTHCARE_rfr.pdf |
| CONVERTED PDF FILE(S) (3 pages) | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0002.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0003.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0004.JPG |
| ORIGINAL PDF FILE | evi_216759226-20200106190808799548_.stf_001_002_.pdf |
| CONVERTED PDF FILE(S) (34 pages) | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0005.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0006.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0007.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0008.JPG |
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| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0011.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0012.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0013.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0014.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0015.JPG |
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| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0019.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0020.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0021.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0022.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0023.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0024.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0025.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0026.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0027.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0028.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0029.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0030.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0031.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0032.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0033.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0034.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0035.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0036.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0037.JPG |
| | \\TICRS\EXPORT17\IMAGEOUT17\882\125\88212518\xml11\RFR0038.JPG |
| DESCRIPTION OF EVIDENCE FILE | Arguments against refusal and supporting evidence included Registrant's coexisting registrations and Internet excerpts defining "Healthcare" |
| ATTORNEY SECTION (current) | |
| NAME | Lawrence E. Abelman |
| ATTORNEY BAR MEMBERSHIP NUMBER | NOT SPECIFIED |
| YEAR OF ADMISSION | NOT SPECIFIED |
| U.S. STATE/ COMMONWEALTH/ TERRITORY | NOT SPECIFIED |
| FIRM NAME | ABELMAN, FRAYNE & SCHWAB |
| STREET | 666 THIRD AVENUE |
| CITY | NEW YORK |
| STATE | New York |
| POSTAL CODE | 10017-5621 |
| COUNTRY | US |
| PHONE | 212-949-9022 |
| FAX | 212-949-9190 |
| EMAIL | docket@lawabel.com |

| | |
|--|---|
| AUTHORIZED TO COMMUNICATE VIA EMAIL | Yes |
| DOCKET/REFERENCE NUMBER | 879546 |
| ATTORNEY SECTION (proposed) | |
| NAME | Lawrence E. Abelman |
| ATTORNEY BAR MEMBERSHIP NUMBER | XXX |
| YEAR OF ADMISSION | XXXX |
| U.S. STATE/ COMMONWEALTH/ TERRITORY | XX |
| FIRM NAME | ABELMAN, FRAYNE & SCHWAB |
| STREET | 666 THIRD AVENUE |
| CITY | NEW YORK |
| STATE | New York |
| POSTAL CODE | 10017-5621 |
| COUNTRY | United States |
| PHONE | 212-949-9022 |
| FAX | 212-949-9190 |
| EMAIL | mamastrovito@lawabel.com |
| AUTHORIZED TO COMMUNICATE VIA EMAIL | Yes |
| DOCKET/REFERENCE NUMBER | 879546 |
| OTHER APPOINTED ATTORNEY | Marie Anne Mastrovito, Julie B. Seyler, Frank Teranella, Erica Halstead |
| CORRESPONDENCE SECTION (current) | |
| NAME | MARIE ANNE MASTROVITO |
| FIRM NAME | ABELMAN, FRAYNE & SCHWAB |
| STREET | 666 THIRD AVENUE |
| CITY | NEW YORK |
| STATE | New York |
| POSTAL CODE | 10017-5621 |
| COUNTRY | US |
| PHONE | 212-949-9022 |
| FAX | 212-949-9190 |
| EMAIL | docket@lawabel.com; leabelman@lawabel.com |
| AUTHORIZED TO COMMUNICATE VIA EMAIL | Yes |
| DOCKET/REFERENCE NUMBER | 879546 |
| CORRESPONDENCE SECTION (proposed) | |
| NAME | Lawrence E. Abelman |
| FIRM NAME | ABELMAN, FRAYNE & SCHWAB |
| STREET | 666 THIRD AVENUE |

| | |
|--|---|
| CITY | NEW YORK |
| STATE | New York |
| POSTAL CODE | 10017-5621 |
| COUNTRY | United States |
| PHONE | 212-949-9022 |
| FAX | 212-949-9190 |
| EMAIL | mamastrovito@lawabel.com; docket@lawabel.com |
| AUTHORIZED TO COMMUNICATE VIA EMAIL | Yes |
| DOCKET/REFERENCE NUMBER | 879546 |
| SIGNATURE SECTION | |
| RESPONSE SIGNATURE | /MAMastrovito/ |
| SIGNATORY'S NAME | Marie Anne Mastrovito |
| SIGNATORY'S POSITION | Attorney, New York Bar 1993 (No. 2576411) |
| SIGNATORY'S PHONE NUMBER | 212 949-9022 |
| DATE SIGNED | 01/06/2020 |
| AUTHORIZED SIGNATORY | YES |
| CONCURRENT APPEAL NOTICE FILED | YES |
| FILING INFORMATION SECTION | |
| SUBMIT DATE | Mon Jan 06 19:17:41 EST 2020 |
| TEAS STAMP | USPTO/RFR-XXX.XX.XX.XX-20 200106191741386060-882125 18-700cb2e8cb9ac97ff59314 60cd0fd761e4cc51eda4f9380 37f0572184d5ae394b-N/A-N/ A-20200106190808799548 |

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.
PTO Form 1960 (Rev 10/2011)
OMB No. 0651-0050 (Exp 09/20/2020)

Request for Reconsideration after Final Action

To the Commissioner for Trademarks:

Application serial no. **88212518** SHAPING THE FUTURE OF HEALTHCARE (Stylized and/or with Design, see <https://tmng-al.uspto.gov/resting2/api/img/88212518/large>) has been amended as follows:

ARGUMENT(S)

In response to the substantive refusal(s), please note the following:

See Arguments attached in evidence section

EVIDENCE

Evidence in the nature of Arguments against refusal and supporting evidence included Registrant's coexisting registrations and Internet excerpts defining "Healthcare" has been attached.

Original PDF file:

[evi_216759226-20200106190808799548 . SHAPING THE FUTURE OF HEALTHCARE_rfr.pdf](#)

Converted PDF file(s) (3 pages)

[Evidence-1](#)

[Evidence-2](#)

[Evidence-3](#)

Original PDF file:

[evi_216759226-20200106190808799548 . stf_001_002 .pdf](#)

Converted PDF file(s) (34 pages)

[Evidence-1](#)

[Evidence-2](#)

[Evidence-3](#)

[Evidence-4](#)

[Evidence-5](#)

[Evidence-6](#)

[Evidence-7](#)

[Evidence-8](#)

[Evidence-9](#)

[Evidence-10](#)

[Evidence-11](#)

[Evidence-12](#)

[Evidence-13](#)

[Evidence-14](#)

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[Evidence-20](#)

[Evidence-21](#)

[Evidence-22](#)

[Evidence-23](#)

[Evidence-24](#)

[Evidence-25](#)

[Evidence-26](#)

[Evidence-27](#)

[Evidence-28](#)

[Evidence-29](#)

[Evidence-30](#)

[Evidence-31](#)

[Evidence-32](#)

[Evidence-33](#)

[Evidence-34](#)

The applicant's current attorney information: Lawrence E. Abelman. Lawrence E. Abelman of ABELMAN, FRAYNE & SCHWAB, is located at
666 THIRD AVENUE
NEW YORK, New York 10017-5621
US

The docket/reference number is 879546.

The phone number is 212-949-9022.

The fax number is 212-949-9190.

The email address is docket@lawabel.com

The applicants proposed attorney information: Lawrence E. Abelman. Other appointed attorneys are Marie Anne Mastrovito, Julie B. Seyler, Frank Teranella, Erica Halstead. Lawrence E. Abelman of ABELMAN, FRAYNE & SCHWAB, is a member of the XX bar, admitted to the bar in XXXX, bar membership no. XXX, and the attorney(s) is located at

666 THIRD AVENUE
NEW YORK, New York 10017-5621
United States

The docket/reference number is 879546.

The phone number is 212-949-9022.

The fax number is 212-949-9190.

The email address is mamastrovito@lawabel.com

Lawrence E. Abelman submitted the following statement: The attorney of record is an active member in good standing of the bar of the highest court of a U.S. state, the District of Columbia, or any U.S. Commonwealth or territory.

The applicant's current correspondence information: MARIE ANNE MASTROVITO. MARIE ANNE MASTROVITO of ABELMAN, FRAYNE & SCHWAB, is located at

666 THIRD AVENUE
NEW YORK, New York 10017-5621
US

The docket/reference number is 879546.

The phone number is 212-949-9022.

The fax number is 212-949-9190.

The email address is docket@lawabel.com; leabelman@lawabel.com

The applicants proposed correspondence information: Lawrence E. Abelman. Lawrence E. Abelman of ABELMAN, FRAYNE & SCHWAB, is located at

666 THIRD AVENUE
NEW YORK, New York 10017-5621
United States

The docket/reference number is 879546.

The phone number is 212-949-9022.

The fax number is 212-949-9190.

The email address is mamastrovito@lawabel.com; docket@lawabel.com

SIGNATURE(S)

Request for Reconsideration Signature

Signature: /MAMastrovito/ Date: 01/06/2020

Signatory's Name: Marie Anne Mastrovito

Signatory's Position: Attorney, New York Bar 1993 (No. 2576411)

Signatory's Phone Number: 212 949-9022

The signatory has confirmed that he/she is a U.S.-licensed attorney who is an active member in good standing of the bar of the highest court of a U.S. state (including the District of Columbia and any U.S. Commonwealth or territory); and he/she is currently the owner's/holder's attorney or an associate thereof; and to the best of his/her knowledge, if prior to his/her appointment another U.S.-licensed attorney not currently associated with his/her company/firm previously represented the owner/holder in this matter: the owner/holder has revoked their power of attorney by a signed revocation or substitute power of attorney with the USPTO; the USPTO has granted that attorney's withdrawal request; the owner/holder has filed a power of attorney appointing him/her in this matter; or the owner's/holder's appointed U.S.-licensed attorney has filed a power of attorney appointing him/her as an associate attorney in this matter.

The applicant is filing a Notice of Appeal in conjunction with this Request for Reconsideration.

Mailing Address: MARIE ANNE MASTROVITO
ABELMAN, FRAYNE & SCHWAB

666 THIRD AVENUE
NEW YORK, New York 10017-5621

Mailing Address: Lawrence E. Abelman
ABELMAN, FRAYNE & SCHWAB
666 THIRD AVENUE
NEW YORK, New York 10017-5621

Serial Number: 88212518

Internet Transmission Date: Mon Jan 06 19:17:41 EST 2020

TEAS Stamp: USPTO/RFR-XXX.XX.XX.XX-20200106191741386

060-88212518-700cb2e8cb9ac97ff5931460cd0


fd761e4cc51eda4f938037f0572184d5ae394b-N

/A-N/A-20200106190808799548

TRADEMARK:

SERIAL NO.: 88/212518

ARGUMENTS

The Examiner has refused registration of the Applicant's mark  based on an alleged likelihood of confusion with the mark VIRBAC SHAPING THE FUTURE OF ANIMAL HEALTH. The Applicant submits that there is no likelihood of confusion in this case in view of the significant differences in the marks and the sophistication of the purchasers.

A. DIFFERENCES IN THE MARKS

The Applicant has already submitted extensive arguments and evidence highlighting the differences in the marks including:

- (1) Case law supporting Applicant's position that the first word in a mark is likely to have the greatest impact on consumers and therefore VIRBAC is the dominant portion of the cited mark and will be the most remembered portion of the mark.
- (2) Numerous third-party registrations showing the weakness and narrow range of protection afforded to the wording SHAPING THE FUTURE OF, including numerous coexisting registrations.
- (3) Dictionary definitions showing that HEALTH and HEALTHCARE have different meanings.
- (4) Case law supporting Applicant's position that consumers in the field of health and medicine are sophisticated consumers who are not likely to be confused by the marks.

In addition to these arguments, the Applicant further disputes the Examining Attorney's position that SHAPING THE FUTURE OF HEALTHCARE has the same connotation as VIRBAC SHAPING THE FUTURE OF ANIMAL HEALTH and is likely to be viewed as a shortened form of the Registrant's Mark based on the following:

- (1) The word VIRBAC is unquestionably the dominant element of the Registrant's Mark, not only because it is the first word in the mark, but also because it is the only arbitrary/non-suggestive wording in the mark. The word VIRBAC is the core of the Registrant's Mark and is the element that consumers will perceive as the source indicating element of that mark. It is highly unlikely that a shortened form of the mark VIRBAC SHAPING THE FUTURE OF ANIMAL HEALTH would leave off the essential element VIRBAC. That the most likely shortened form of the mark VIRBAC SHAPING THE FUTURE OF ANIMAL HEALTH is VIRBAC alone is supported by the official record which shows no other registration by this company for the wording SHAPING THE FUTURE OF ..., but three additional registrations for VIRBAC and VIRBAC AND DESIGN without any additional wording. Copies of the Registrant's additional VIRBAC registrations are attached.
- (2) There is clearly a difference in connotation between the wording ANIMAL HEALTH and HEALTH CARE. ANIMAL HEALTH is inextricably linked to the health of animals. In contrast, the word "healthcare" by itself, is not likely to be interpreted to mean animal care. Healthcare alone, would be interpreted to refer to the care of humans. The Applicant attaches additional Internet excerpts defining the wording "healthcare." It is clear that this term by itself does not suggest care for animals. For this reason, ANIMAL HEALTH does not connote the same thing as HEALTHCARE.

(3) The Examining Attorney asserts that the Applicant has not submitted evidence that the consumers for the goods are sophisticated consumers. The Applicant submits that the fact that the consumers are professional consumers is evident from the description of services which in the Applicant's application specifies that the services relate to business consultancy, consulting services for business managers, consultancy for medical facilities and clinics, bills for medical services, etc. None of these services would be directed to general consumers. By the very definition of the services they are directed to business professionals.

For the reasons stated in detail in Applicant's earlier responses and for the additional reasons stated herein, the Applicant submits that there is no likelihood of confusion between the Applicant's Mark and the registered mark cited by the Examining Attorney. The Applicant therefore requests that the citation be withdrawn.



Generated on: This page was generated by TSDR on 2020-01-06 18:10:45 EST

Mark: VIRBAC



US Serial Number: 76411691

Application Filing Date: May 22, 2002

US Registration Number: 2878337

Registration Date: Aug. 31, 2004

Register: Principal

Mark Type: Trademark, Service Mark

TM5 Common Status Descriptor:



LIVE/REGISTRATION/Issued and Active

The trademark application has been registered with the Office.

Status: The registration has been renewed.

Status Date: Mar. 29, 2014

Publication Date: Mar. 23, 2004

Mark Information

Mark Literal Elements: VIRBAC

Standard Character Claim: No

Mark Drawing Type: 3 - AN ILLUSTRATION DRAWING WHICH INCLUDES WORD(S)/ LETTER(S)/NUMBER(S)

Description of Mark: Color is claimed as a feature of the mark. The mark consists of a blue rectangle (pantone Reflex Blue) with inside an italic upper-case and lower-case white typeface; a little red (pantone 485 C) square dotting the "i"; "Virbac" is underlined by a red line (pantone 485 C) tapered at the ends.

Color(s) Claimed: Color is not claimed as a feature of the mark.

Design Search Code(s): 26.11.21 - Rectangles that are completely or partially shaded

26.17.01 - Bands, straight; Bars, straight; Lines, straight; Straight line(s), band(s) or bar(s)
26.17.05 - Bars, horizontal; Bands, horizontal; Horizontal line(s), band(s) or bar(s); Lines, horizontal
26.17.08 - Band, one (geometric); Bar, one; Line, one; One line, band, bar or angle
26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters

Related Properties Information

Claimed Ownership of US Registrations: 1262810

Foreign Information

Foreign Registration Number: 013121529

Foreign Registration Date: Sep. 19, 2001

Application/Registration Country: FRANCE

Foreign Expiration Date: Sep. 19, 2011

Goods and Services

Note:

The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [...] indicate deleted goods/services;
- Double parenthesis ((...)) identify any goods/services not claimed in a Section 15 affidavit of incontestability; and
- Asterisks *, * identify additional (new) wording in the goods/services.

For: Veterinary and sanitary products and substances, namely vaccines, antibiotics, medicated dermatological preparations, anti-parasitics, anti-inflammatories, hormones and preparations for the suppression of hormones, eye drops, topical anesthetics, anti-infectives, anti-bacterial pharmaceuticals and antiseptics; medicated mouthwash, lozenges and toothpaste for veterinary use; dietetic products and substances adapted for medical use, namely, nutritional supplements; disinfectants for veterinary use; preparations for destroying vermin; fungicides and herbicides for domestic use

International Class(es): 005 - Primary Class

U.S Class(es): 006, 018, 044, 046, 051, 052

Class Status: ACTIVE

Basis: 44(e)

For: [Telecommunications services, namely, personal communications services; electronic mail services; providing connections to a global computer network for the transmission of data and access to web sites; electronic transmission of data, images and documents by computer terminals; providing information about telecommunication services; providing multiple user dial-up and dedicated access to the Internet]

International Class(es): 038 - Primary Class

U.S Class(es): 100, 101, 104

Class Status: SECTION 8 - CANCELLED

Basis: 44(e)

For: Veterinary services

International Class(es): 044 - Primary Class

U.S Class(es): 100, 101

Class Status: ACTIVE

Basis: 44(e)

Basis Information (Case Level)

| | |
|---------------------------|-------------------------------|
| Filed Use: No | Currently Use: No |
| Filed ITU: Yes | Currently ITU: No |
| Filed 44D: No | Currently 44E: Yes |
| Filed 44E: Yes | Currently 66A: No |
| Filed 66A: No | Currently No Basis: No |
| Filed No Basis: No | |

Current Owner(s) Information

Owner Name: VIRBAC S.A.
Owner Address: 1ère avenue 2065m, L.I.D
06516 CARROS FRANCE
Legal Entity Type: CORPORATION
State or Country Where Organized: FRANCE

Attorney/Correspondence Information

| | |
|---|---|
| Attorney Name: Paul J. Reilly | Attorney of Record |
| Attorney Primary Email Address: daltmdept@bakerbotts.com | Docket Number: 026730.0916 |
| | Attorney Email Authorized: Yes |
| Correspondent Name/Address: Paul J. Reilly Baker Botts L.L.P. 2001 Ross Avenue Suite 600 Dallas, TEXAS UNITED STATES 75201 | Correspondent |
| Phone: 214.953.6849 | Fax: 214.661.4849 |
| Correspondent e-mail: daltmdept@bakerbotts.com | Correspondent e-mail Authorized: Yes |
| Domestic Representative Bassam N. Ibrahim | Domestic Representative Phone: (703) 836-6620 |

Name:

Fax: (703) 836-2021

Domestic Representative e-mail: bassam.ibrahim@bipc.com

Domestic Representative e-mail Authorized: Yes

Prosecution History

| Date | Description | Proceeding Number |
|---------------|--|-------------------|
| Sep. 22, 2016 | ATTORNEY/DOM.REP.REVOKED AND/OR APPOINTED | |
| Sep. 22, 2016 | TEAS REVOKE/APP/CHANGE ADDR OF ATTY/DOM REP RECEIVED | |
| Mar. 29, 2014 | NOTICE OF ACCEPTANCE OF SEC. 8 & 9 - E-MAILED | 76533 |
| Mar. 29, 2014 | REGISTERED AND RENEWED (FIRST RENEWAL - 10 YRS) | 76533 |
| Mar. 29, 2014 | REGISTERED - SEC. 8 (10-YR) ACCEPTED/SEC. 9 GRANTED | 76533 |
| Mar. 27, 2014 | REGISTERED - COMBINED SECTION 8 (10-YR) & SEC. 9 FILED | |
| Mar. 27, 2014 | TEAS SECTION 8 & 9 RECEIVED | |
| Aug. 03, 2011 | APPLICANT/CORRESPONDENCE CHANGES (NON-RESPONSIVE) ENTERED | 88888 |
| Aug. 03, 2011 | TEAS CHANGE OF OWNER ADDRESS RECEIVED | |
| Jul. 23, 2010 | REGISTERED - PARTIAL SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK. | 76533 |
| Jul. 15, 2010 | REGISTERED - SEC. 8 (6-YR) & SEC. 15 FILED | 76533 |
| Jul. 20, 2010 | CASE ASSIGNED TO POST REGISTRATION PARALEGAL | 76533 |
| Jul. 15, 2010 | TEAS SECTION 8 & 15 RECEIVED | |
| Dec. 09, 2004 | CERTIFICATE OF CORRECTION ISSUED | |
| Oct. 21, 2004 | SEC 7 REQUEST FILED | |
| Oct. 21, 2004 | PAPER RECEIVED | |
| Aug. 31, 2004 | REGISTERED-PRINCIPAL REGISTER | |
| Jul. 19, 2004 | Sec. 1(B) CLAIM DELETED | 71034 |
| Jul. 19, 2004 | NOTICE OF ALLOWANCE CANCELLED | |
| Jul. 14, 2004 | FAX RECEIVED | |
| Jun. 15, 2004 | NOA MAILED - SOU REQUIRED FROM APPLICANT | |
| Mar. 23, 2004 | PUBLISHED FOR OPPOSITION | |
| Mar. 03, 2004 | NOTICE OF PUBLICATION | |
| Jan. 08, 2004 | APPROVED FOR PUB - PRINCIPAL REGISTER | |
| Oct. 29, 2003 | CORRESPONDENCE RECEIVED IN LAW OFFICE | |
| Nov. 25, 2003 | CASE FILE IN TICRS | |
| Oct. 29, 2003 | PAPER RECEIVED | |
| Jun. 02, 2003 | NON-FINAL ACTION MAILED | |
| Mar. 11, 2003 | CORRESPONDENCE RECEIVED IN LAW OFFICE | |
| Mar. 11, 2003 | PAPER RECEIVED | |
| Sep. 20, 2002 | NON-FINAL ACTION MAILED | |
| Sep. 06, 2002 | ASSIGNED TO EXAMINER | 76725 |

TM Staff and Location Information

TM Staff Information - None

File Location

Current Location: GENERIC WEB UPDATE

Date in Location: Mar. 29, 2014

Generated on: This page was generated by TSDR on 2020-01-06 18:11:34 EST

Mark: VIRBACTIV

VIRBACTIV

US Serial Number: 85157111

Application Filing Date: Oct. 20, 2010

US Registration Number: 3974311

Registration Date: Jun. 07, 2011

Register: Principal

Mark Type: Trademark

TM5 Common Status Descriptor:



DEAD/REGISTRATION/Cancelled/Invalidated

The trademark application was registered, but subsequently it was cancelled or invalidated and removed from the registry.

Status: Registration cancelled because registrant did not file an acceptable declaration under Section 8. To view all documents in this file, click on the Trademark Document Retrieval link at the top of this page.

Status Date: Jan. 12, 2018

Publication Date: Mar. 22, 2011

Date Cancelled: Jan. 12, 2018

Mark Information

Mark Literal Elements: VIRBACTIV

Standard Character Claim: Yes. The mark consists of standard characters without claim to any particular font style, size, or color.

Mark Drawing Type: 4 - STANDARD CHARACTER MARK

Related Properties Information

Claimed Ownership of US Registrations: 1262810, 2878337, 3339848

Foreign Information

Foreign Registration Number: 023182524

Foreign Registration Date: Sep. 10, 2002

Application/Registration Country: FRANCE

Foreign Expiration Date: Sep. 10, 2012

Goods and Services

Note:

The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [...] indicate deleted goods/services;
- Double parenthesis (...) identify any goods/services not claimed in a Section 15 affidavit of incontestability; and
- Asterisks "*" identify additional (new) wording in the goods/services.

For: Veterinary preparations for the treatment of behavioral disorders in dogs

International Class(es): 005 - Primary Class

U.S Class(es): 006, 018, 044, 046, 051, 052

Class Status: SECTION 8 - CANCELLED

Basis: 44(e)

Basis Information (Case Level)

| | |
|---------------------------|-------------------------------|
| Filed Use: No | Currently Use: No |
| Filed ITU: No | Currently ITU: No |
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| Filed 66A: No | Currently No Basis: No |
| Filed No Basis: No | |

Current Owner(s) Information

Owner Name: Virbac S.A.
Owner Address: 1ère avenue 2065m, L.I.D
06516 CARROS FRANCE
Legal Entity Type: société anonyme (sa) **State or Country Where Organized:** FRANCE

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Prosecution History

| Date | Description | Proceeding Number |
|---------------|---|-------------------|
| Jan. 12, 2018 | CANCELLED SEC. 8 (6-YR) | |
| Sep. 22, 2016 | ATTORNEY/DOM.REP.REVOKED AND/OR APPOINTED | |
| Sep. 22, 2016 | TEAS REVOKE/APP/CHANGE ADDR OF ATTY/DOM REP RECEIVED | |
| Aug. 03, 2011 | APPLICANT/CORRESPONDENCE CHANGES (NON-RESPONSIVE) ENTERED | 88888 |
| Aug. 03, 2011 | TEAS CHANGE OF OWNER ADDRESS RECEIVED | |
| Jun. 07, 2011 | REGISTERED-PRINCIPAL REGISTER | |
| Mar. 22, 2011 | OFFICIAL GAZETTE PUBLICATION CONFIRMATION E-MAILED | |
| Mar. 22, 2011 | PUBLISHED FOR OPPOSITION | |
| Feb. 14, 2011 | LAW OFFICE PUBLICATION REVIEW COMPLETED | 73787 |
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| Feb. 14, 2011 | TEAS/EMAIL CORRESPONDENCE ENTERED | 73787 |
| Feb. 14, 2011 | CORRESPONDENCE RECEIVED IN LAW OFFICE | 73787 |
| Feb. 07, 2011 | ASSIGNED TO LIE | 73787 |

| | | |
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| Jan. 31, 2011 | TEAS RESPONSE TO OFFICE ACTION RECEIVED | 6325 |
| Nov. 29, 2010 | NOTIFICATION OF NON-FINAL ACTION E-MAILED | 6325 |
| Nov. 29, 2010 | NON-FINAL ACTION E-MAILED | 82100 |
| Nov. 29, 2010 | NON-FINAL ACTION WRITTEN | 82100 |
| Nov. 23, 2010 | ASSIGNED TO EXAMINER | |
| Oct. 25, 2010 | NEW APPLICATION OFFICE SUPPLIED DATA ENTERED IN TRAM | |
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TM Staff Information - None

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Date in Location: Jun. 07, 2011

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Mark: VIRBAC



US Serial Number: 85292924

Application Filing Date: Apr. 12, 2011

US Registration Number: 4093340

Registration Date: Jan. 31, 2012

Register: Principal

Mark Type: Service Mark

TM5 Common Status Descriptor:



LIVE/REGISTRATION/Issued and Active

The trademark application has been registered with the Office.

Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.

Status Date: Feb. 09, 2018

Publication Date: Nov. 15, 2011

Mark Information

Mark Literal Elements: VIRBAC

Standard Character Claim: No

Mark Drawing Type: 3 - AN ILLUSTRATION DRAWING WHICH INCLUDES WORD(S)/ LETTER(S)/NUMBER(S)

Description of Mark: The mark consists of the word "VIRBAC" in white with a red square as the dot of the letter "i" and a red line tapered at the ends beneath with a blue rectangular background that is outlined in white. The black outline is not a feature of the mark and merely represents the placement of the white outline.

Color Drawing: Yes

Color(s) Claimed: The color(s) white, red and blue is/are claimed as a feature of the mark.

Design Search Code(s): 26.09.21 - Squares that are completely or partially shaded

26.11.21 - Rectangles that are completely or partially shaded

26.17.13 - Overlined words or letters; Underlined words or letters; Letters or words underlined and/or overlined by one or more strokes or lines

Related Properties Information

Claimed Ownership of US Registrations: 1262810, 2878337, 3339848

Goods and Services

Note:

The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [...] indicate deleted goods/services;
- Double parenthesis ((.)) identify any goods/services not claimed in a Section 15 affidavit of incontestability; and
- Asterisks *..* identify additional (new) wording in the goods/services.

For: Education services, namely, providing training in the nature of classes, conferences and workshops for specialists in the field of animal health

International Class(es): 041 - Primary Class

U.S Class(es): 100, 101, 107

Class Status: ACTIVE

Basis: 1(a)

First Use: Aug. 2003

Use in Commerce: Aug. 2003

For: Providing online information to veterinaries regarding veterinary care, medicine and animal health in the field of veterinary services

International Class(es): 044 - Primary Class

U.S Class(es): 100, 101

Class Status: ACTIVE

Basis: 1(a)

First Use: Aug. 2003

Use in Commerce: Aug. 2003

Basis Information (Case Level)

| | |
|--------------------|------------------------|
| Filed Use: Yes | Currently Use: Yes |
| Filed ITU: No | Currently ITU: No |
| Filed 44D: No | Currently 44E: No |
| Filed 44E: No | Currently 66A: No |
| Filed 66A: No | Currently No Basis: No |
| Filed No Basis: No | |

Current Owner(s) Information

Owner Name: Virbac
Owner Address: 1ère avenue 2065m, L.I.D
06516 CARROS FRANCE
Legal Entity Type: société anonyme (sa)
State or Country Where Organized: FRANCE

Attorney/Correspondence Information

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| Fax: 703.836.2021 | | |
| Domestic Representative e-mail: bassam.ibrahim@bipc.com | | Domestic Representative e-mail Authorized: Yes |

Prosecution History

| Date | Description | Proceeding Number |
|---------------|--|-------------------|
| Feb. 09, 2018 | NOTICE OF ACCEPTANCE OF SEC. 8 & 15 - E-MAILED | |
| Feb. 09, 2018 | REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK. | 69615 |
| Feb. 09, 2018 | CASE ASSIGNED TO POST REGISTRATION PARALEGAL | 69615 |
| Jan. 25, 2018 | TEAS SECTION 8 & 15 RECEIVED | |
| Jan. 31, 2017 | COURTESY REMINDER - SEC. 8 (6-YR) E-MAILED | |
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| Sep. 20, 2011 | TEAS RESPONSE TO OFFICE ACTION RECEIVED | |
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| Sep. 12, 2011 | NON-FINAL ACTION WRITTEN | 81848 |
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| Apr. 15, 2011 | NEW APPLICATION OFFICE SUPPLIED DATA ENTERED IN TRAM | |
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TM Staff and Location Information

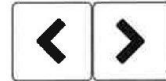
TM Staff Information - None

File Location

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Date in Location: Feb. 09, 2018

health care



Definition

The act of taking preventative or necessary medical procedures to improve a person's well-being. This may be done with surgery, the administering of medicine, or other alterations in a person's lifestyle. These services are typically offered through a health care system made up of hospitals and physicians.

SHARE



What is “healthcare?”



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By Craig M. Wax, DO

January 29, 2019

Med Ec Blog, Health Law and Policy, Medicare, Patients, Payers, Policy

Editor’s Note: Welcome to Medical Economics’ blog section which features contributions from members of the medical community. These blogs are an opportunity for bloggers to engage with readers about a topic that is top of mind, whether it is practice management, experiences with patients, the industry, medicine in general, or healthcare reform. The opinions expressed here are that of the authors and not UBM / Medical Economics.

In the present day, healthcare has come to mean every aspect, service and device for taking care of your health. It has become conscripted by government, politicians, political ideologues, third parties and media to conveniently and neatly define whatever they want to “give” you. By simply becoming involved, these middlemen are diluting the quality of the actual health service you can achieve, be they government or insurers.

I challenge the notion that healthcare is an entity that can be confined to one simplistic model.

Healthcare is not a thing at all to be given, bought or sold, but an entire ecosystem with many unique moving parts that are only connected by virtue of the existence of the patients. Each patient, having individual needs, will have a landscape that suits the needs of their own health, and one that will change with time. While Americans have a need of good health, they have a right to choose the ecosystem that suits their own needs.

The larger healthcare landscape includes all goods, services, and payment mechanisms for achieving and maintaining one’s health. It includes, but is not limited to: physician offices, hospitals, labs, radiology centers, physical therapy offices, pharmaceutical companies, pharmacies, and now health insurance companies, group purchasing organizations, pharmacy benefit managers, corporate healthcare systems, and combinations of insurance/PBM/pharmacy and much more. All of these entities are not necessary in each healthcare interaction for a patient. In 100 percent of interactions, insurance has inserted itself. For simpler interactions, insurance serves to keep costs hidden and high.

Health insurance was initially an inexpensive stop-gap/stop-loss measure to help individuals mitigate expensive life-threatening health risk expenses, like those caused by disease and trauma. Now, through 100 years of government intervention, law and “health policy,” health insurance has become bloated, expensive, inefficient and difficult to access and use. Health insurance has integrated itself into becoming the definition of healthcare after being advantaged by government for the last near-century. Health insurance is neither health nor healthcare, but only a third-party payment mechanism.

When you have government sponsored taxpayer paid health insurance like Medicare or Medicaid, government entities and politicians and their paid third-party administrators decide what you can and cannot have. When you have employer sponsored health

insurance, the employer “buys” the policy with money that you’ve earned or merited for your compensation package. In this case, both the employer and paid third parties get to decide what you can and cannot have. See how both scenarios further divorce the patient from choice and from the physician or other care entities?

Free market principles have not failed healthcare, but healthcare hasn’t been permitted to naturally utilize the free market in almost a century. (Not too surprisingly, due to federal and state government laws and policies, many aspects of the healthcare ecosystem have been skewed, cancelled or downright outlawed. The patient-physician healing relationship has been all but destroyed by third parties. How can an individual pick and choose for themselves if government and third parties are paying? They can’t. There’s the rub for all who advocate socialized medicine, government single-payer, employer based health insurance, or anything but the first-party transaction of the patient choosing and paying the caregiver directly.

So “healthcare”— all the industries, interests, products and services that make up the ecosystem—must be permitted by government to embrace the efficiency and fairness of the free market. Patients only become smart, healthy, thrifty consumers when they experience, learn and grow while choosing and buying their own goods and services. The free market responds to needs and wants by providing these goods and services with outstanding quality, efficiency and various price options. Quality goes up and price comes down through free market competition, not government edict. All patients, governments, and all of, so-called, “healthcare,” would benefit from direct free market competition. Freewill and freedom will take care of the rest, naturally.

So, let’s not use the word “healthcare,” as it is far too broad. People keep getting it confused with insurance “coverage.”

There’s health insurance, which should be called sickness insurance. And medical care, which is what physicians do. People have to be responsible to take care of their own health with their own unique value systems.

Craig M. Wax is a family physician, media host and health policy expert

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WHAT IS HEALTHCARE?

Healthcare is a big, complex industry with a simple definition: people in this field work to help people **get healthy...and stay that way**. If you have a passion for science, find technology fascinating, or just want to help people, a career in Healthcare could be extremely rewarding.

Doctors and nurses are some of the best-known Healthcare professionals, but there are lots of other interesting careers that offer good salaries and rewarding work.

Administrators, physician assistants, speech therapists, and many more job titles belong to the Healthcare industry. We've created a ranking of the **Best Online Medical Sonography Schools** to help get you started.

These professionals may work in **hospitals, patients' homes, the military, nonprofits, or in education**. Take a look at our **homepage on Healthcare** to learn more.

Fields of Study in Healthcare

Healthcare is a rapidly growing field, and the list of possible job titles and degrees in the industry would be virtually endless. So, we've put together some of the **main areas of study** in the Healthcare industry, but keep in mind: *these are just the tip of the iceberg!*

Clinical Healthcare

These are the doctors, nurses, and assistants who work with patients to **diagnose and treat health issues**, and often provide preventative care to help patients maintain good health. A few examples of clinical specializations include:

- Cardiology
- Dentistry
- Emergency medicine
- Gerontology
- Pediatrics
- Psychiatry
- Radiology

Therapy and Rehabilitation

These services help patients **recover their independence** after an injury, illness, or surgery. Some main areas of focus could be:

- Pain management
- Occupational therapy
- Physical therapy
- Speech therapy

Healthcare Administration

If you want to help people and have **a knack for leadership**, Healthcare administration could be a great career choice. According to the **Healthcare Leadership Alliance**, there are five main areas of expertise in this field:

- Hospital administration
- Medical practice administration
- Nursing administration
- Healthcare financial management
- Healthcare information management

Public Health

While careers in clinical Healthcare treat *individual patients*, public health professionals focus on *groups*. Most jobs in this field require at least a master's degree, and you'll study the role of society in a community's quality of life and overall health. There are **five traditional core disciplines** that you'll study in a **public health master's degree program**:

- Biostatistics
- Environmental Health Sciences
- Epidemiology
- Health Policy and Management
- Social and Behavioral Sciences

Benefits of a Career in Healthcare

The most obvious reason to choose a career in Healthcare is the potential to earn a **huge salary**. The United States Bureau of Labor Statistics (BLS) reports that *the highest-paid healthcare professionals are among the highest paid professionals in all fields*.

The BLS also projects that **the demand for Healthcare workers of all kinds will increase rapidly between now and 2026**. That means that in addition to great compensation, most jobs in the Healthcare industry also offer great **job security**.

But what might be even more important to you is **job satisfaction**. While some Healthcare workers have a reputation for being stressed out (hello, surgeons!), that stress is often balanced out by the fact that they are doing something they love. And other Healthcare workers, like **physician assistants** and **physical therapists**, report high levels of job satisfaction and excellent **work-life balance**.

Healthcare and Technology

Advances in technology have a big impact on the way Healthcare professionals work. Right now, **telemedicine** is helping patients in remote areas to access care. **Artificial intelligence** is improving documentation and streamlining scheduling. And **mobile technology** is giving patients the chance to manage their health on the go.

Whether you choose a career that requires an associate degree or a doctoral degree, a career in Healthcare guarantees that **you'll never stop learning.**

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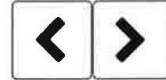
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health care



Definition

The act of taking preventative or necessary medical procedures to improve a person's well-being. This may be done with surgery, the administering of medicine, or other alterations in a person's lifestyle. These services are typically offered through a health care system made up of hospitals and physicians.

SHARE



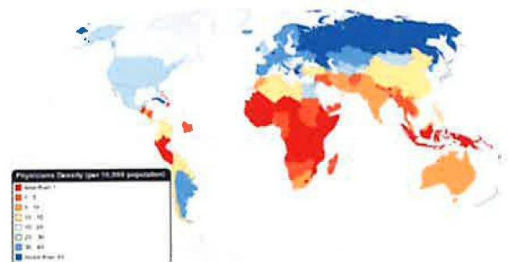
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Health care

Health care, **health-care**, or **healthcare** is the maintenance or improvement of health via the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, and other physical and mental impairments in people. Health care is delivered by health professionals in allied health fields. Physicians and physician associates are a part of these health professionals. Dentistry, pharmacy, midwifery, nursing, medicine, optometry, audiology, psychology, occupational therapy, physical therapy and other health professions are all part of health care. It includes work done in providing primary care, secondary care, and tertiary care, as well as in public health.

Access to health care may vary across countries, communities, and individuals, influenced by social and economic conditions as well as health policies. Providing health care services means "the timely use of personal health services to achieve the best possible health outcomes".^[1] Factors to consider in terms of healthcare access include financial limitations (such as insurance coverage), geographic barriers (such as additional transportation costs, possibility to take paid time off of work to use such services), and personal limitations (lack of ability to communicate with healthcare providers, poor health literacy, low income).^[2] Limitations to health care services affects negatively the use of medical services, efficacy of treatments, and overall outcome (well-being, mortality rates).

Health care systems are organizations established to meet the health needs of targeted populations. According to the World Health Organization (WHO), a well-functioning health care system requires a financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decisions and policies, and well maintained health facilities to deliver quality medicines and technologies.^[3]



Global concentrations of healthcare resources, as depicted by the number of physicians per 100,000 individuals, by country.



New York–Presbyterian Hospital in New York City is one of the world's busiest hospitals. Pictured is the Weill-Cornell facility (white complex at the center).

An efficient health care system can contribute to a significant part of a country's economy, development and industrialization. Health care is conventionally regarded as an important determinant in promoting the general physical and mental health and well-being of people around the world. An example of this was the worldwide eradication of smallpox in 1980, declared by the WHO as the first disease in human history to be completely eliminated by deliberate health care interventions.^[4]

Contents

Delivery

- Primary care
- Secondary care
- Tertiary care
- Quaternary care
- Home and community care
- Ratings

Related sectors

- Health system
- Health care industry
- Health care research
- Health care financing
- Administration and regulation
- Health information technology

See also

References

External links

Delivery

The delivery of modern health care depends on groups of trained professionals and paraprofessionals coming together as interdisciplinary teams.^[5] This includes professionals in medicine, psychology, physiotherapy, nursing, dentistry, midwifery and allied health, along with many others such as public health practitioners, community health workers and assistive personnel, who systematically provide personal and population-based preventive, curative and rehabilitative care services.



Primary care may be provided in community health centers.

While the definitions of the various types of health care vary depending on the different cultural, political, organizational and disciplinary perspectives, there appears to be some consensus that primary care constitutes the first element of a continuing health care process and may also include the provision of secondary and tertiary levels of care.^[6] Health care can be defined as either public or private.

Primary care

Primary care refers to the work of health professionals who act as a first point of consultation for all patients within the health care system.^{[6][8]} Such a professional would usually be a primary care physician, such as a general practitioner or family physician. Another professional would be a licensed independent practitioner such as a physiotherapist, or a non-physician primary care provider such as a physician assistant or nurse practitioner. Depending on the locality, health system organization the patient may see another health care professional first, such as a pharmacist or nurse. Depending on the nature of the health condition, patients may be referred for secondary or tertiary care.

Primary care is often used as the term for the health care services that play a role in the local community. It can be provided in different settings, such as Urgent care centers which provide same day appointments or services on a walk-in basis.

Primary care involves the widest scope of health care, including all ages of patients, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health, and patients with all types of acute and chronic physical, mental and social health issues, including multiple chronic diseases. Consequently, a primary care practitioner must possess a wide breadth of knowledge in many areas. Continuity is a key characteristic of primary care, as patients usually prefer to consult the same practitioner for routine check-ups and preventive care, health education, and every time they require an initial consultation about a new health problem. The International Classification of Primary Care (ICPC) is a standardized tool for understanding and analyzing information on interventions in primary care based on the reason for the patient's visit.^[9]

Common chronic illnesses usually treated in primary care may include, for example: hypertension, diabetes, asthma, COPD, depression and anxiety, back pain, arthritis or thyroid dysfunction. Primary care also includes many basic maternal and child health care



The emergency room is often a frontline venue for the delivery of primary medical care.



Medical train "Therapist Matvei Mudrov" in Khabarovsk, Russia^[7]

services, such as family planning services and vaccinations. In the United States, the 2013 National Health Interview Survey found that skin disorders (42.7%), osteoarthritis and joint disorders (33.6%), back problems (23.9%), disorders of lipid metabolism (22.4%), and upper respiratory tract disease (22.1%, excluding asthma) were the most common reasons for accessing a physician.^[10]

In the United States, primary care physicians have begun to deliver primary care outside of the managed care (insurance-billing) system through direct primary care which is a subset of the more familiar concierge medicine. Physicians in this model bill patients directly for services, either on a pre-paid monthly, quarterly, or annual basis, or bill for each service in the office. Examples of direct primary care practices include Foundation Health in Colorado and Qliance in Washington.

In context of global population aging, with increasing numbers of older adults at greater risk of chronic non-communicable diseases, rapidly increasing demand for primary care services is expected in both developed and developing countries.^{[11][12]} The World Health Organization attributes the provision of essential primary care as an integral component of an inclusive primary health care strategy.^[6]

Secondary care

Secondary care includes acute care: necessary treatment for a short period of time for a brief but serious illness, injury, or other health condition. This care is often found in a hospital emergency department. Secondary care also includes skilled attendance during childbirth, intensive care, and medical imaging services.

The term "secondary care" is sometimes used synonymously with "hospital care". However, many secondary care providers, such as psychiatrists, clinical psychologists, occupational therapists, most dental specialties or physiotherapists, do not necessarily work in hospitals. Some primary care services are delivered within hospitals. Depending on the organization and policies of the national health system, patients may be required to see a primary care provider for a referral before they can access secondary care.

In countries which operate under a mixed market health care system, some physicians limit their practice to secondary care by requiring patients to see a primary care provider first. This restriction may be imposed under the terms of the payment agreements in private or group health insurance plans. In other cases, medical specialists may see patients without a referral, and patients may decide whether self-referral is preferred.

In other countries patient self-referral to a medical specialist for secondary care is rare as prior referral from another physician (either a primary care physician or another specialist) is considered necessary, regardless of whether the funding is from private insurance schemes or national health insurance.

Allied health professionals, such as physical therapists, respiratory therapists, occupational therapists, speech therapists, and dietitians, also generally work in secondary care, accessed through either patient self-referral or through physician referral.

Tertiary care

Tertiary care is specialized consultative health care, usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment, such as a tertiary referral hospital.^[13]

Examples of tertiary care services are cancer management, neurosurgery, cardiac surgery, plastic surgery, treatment for severe burns, advanced neonatology services, palliative, and other complex medical and surgical interventions.^[14]



The National Hospital for Neurology and Neurosurgery in London, United Kingdom is a specialist neurological hospital.

Quaternary care

The term **quaternary care** is sometimes used as an extension of tertiary care in reference to advanced levels of medicine which are highly specialized and not widely accessed. Experimental medicine and some types of uncommon diagnostic or surgical procedures are considered quaternary care. These services are usually only offered in a limited number of regional or national health care centers.^{[14][15]} Quaternary care is more prevalent in the United Kingdom.

Home and community care

Many types of health care interventions are delivered outside of health facilities. They include many interventions of public health interest, such as food safety surveillance, distribution of condoms and needle-exchange programs for the prevention of transmissible diseases.

They also include the services of professionals in residential and community settings in support of self care, home care, long-term care, assisted living, treatment for substance use disorders among other types of health and social care services.

Community rehabilitation services can assist with mobility and independence after loss of limbs or loss of function. This can include prosthesis, orthotics or wheelchairs.

Many countries, especially in the west, are dealing with aging populations, so one of the priorities of the health care system is to help seniors live full, independent lives in the comfort of their own homes. There is an entire section of health care geared to providing seniors with help in day-to-day activities at home such as transportation to and from

doctor's appointments along with many other activities that are essential for their health and well-being. Although they provide home care for older adults in cooperation, family members and care workers may harbor diverging attitudes and values towards their joint efforts. This state of affairs presents a challenge for the design of ICT (information and communication technology) for home care.^[16]

Because statistics show that over 80 million Americans have taken time off of their primary employment to care for a loved one,^[17] many countries have begun offering programs such as Consumer Directed Personal Assistant Program to allow family members to take care of their loved ones without giving up their entire income.

With obesity in children rapidly becoming a major concern, health services often set up programs in schools aimed at educating children about nutritional eating habits, making physical education a requirement and teaching young adolescents to have positive self-image.

Ratings

Health care ratings are ratings or evaluations of health care used to evaluate the process of care and health care structures and/or outcomes of health care services. This information is translated into report cards that are generated by quality organizations, nonprofit, consumer groups and media. This evaluation of quality is based on measures of:

- hospital quality
- health plan quality
- physician quality
- quality for other health professionals
- of patient experience

Related sectors

Health care extends beyond the delivery of services to patients, encompassing many related sectors, and is set within a bigger picture of financing and governance structures.

Health system

A **health system**, also sometimes referred to as **health care system** or **healthcare system** is the organization of people, institutions, and resources that deliver health care services to populations in need.

Health care industry

The health care industry incorporates several sectors that are dedicated to providing health care services and products. As a basic framework for defining the sector, the United Nations' International Standard Industrial Classification categorizes health care as generally consisting of hospital activities, medical and dental practice activities, and "other human health activities." The last class involves activities of, or under the supervision of, nurses, midwives, physiotherapists, scientific or diagnostic laboratories, pathology clinics, residential health facilities, patient advocates^[18] or other allied health professions.

In addition, according to industry and market classifications, such as the Global Industry Classification Standard and the Industry Classification Benchmark, health care includes many categories of medical equipment, instruments and services including biotechnology, diagnostic laboratories and substances, drug manufacturing and delivery.

For example, pharmaceuticals and other medical devices are the leading high technology exports of Europe and the United States.^{[19][20]} The United States dominates the biopharmaceutical field, accounting for three-quarters of the world's biotechnology revenues.^{[19][21]}

Health care research

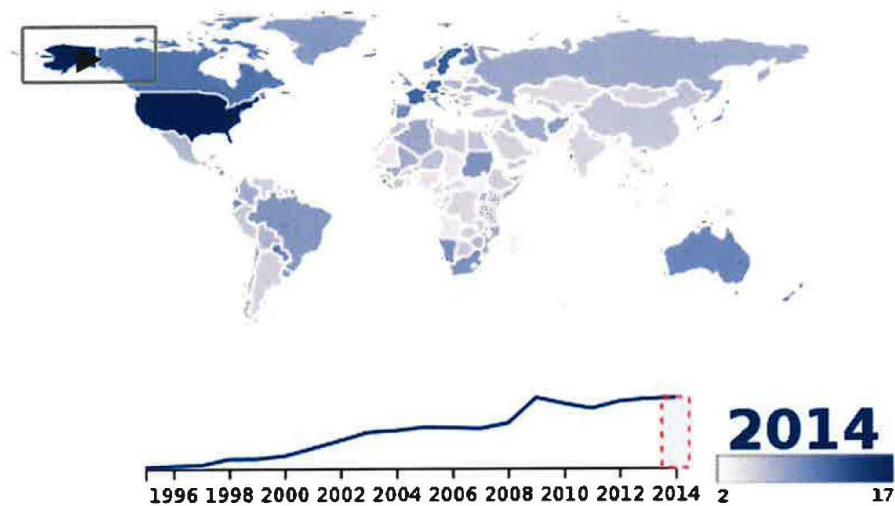
The quantity and quality of many health care interventions are improved through the results of science, such as advanced through the medical model of health which focuses on the eradication of illness through diagnosis and effective treatment. Many important advances have been made through health research, biomedical research and pharmaceutical research, which form the basis for evidence-based medicine and evidence-based practice in health care delivery.



A group of Chilean 'Damas de Rojo' volunteering at their local hospital

Health services research can lead to greater efficiency and equitable delivery of health care interventions, as advanced through the social model of health and disability, which emphasizes the societal changes that can be made to make populations healthier.^[22] Results from health services research often form the basis of evidence-based policy in health care systems. Health services research is also aided by initiatives in the field of artificial intelligence for the development of systems of health assessment that are clinically useful, timely, sensitive to change, culturally sensitive, low burden, low cost, built into standard procedures, and involve the patient.^[23]

Health care financing



See or edit source data.

Total health spending as a % of GDP.^[24]

There are generally five primary methods of funding health care systems:^[25]

1. general taxation to the state, county or municipality
2. social health insurance
3. voluntary or private health insurance
4. out-of-pocket payments
5. donations to health charities

In most countries there is a mix of all five models, but this varies across countries and over time within countries. Aside from financing mechanisms, an important question should always be how much to spend on healthcare. For the purposes of comparison, this is often expressed as the percentage of GDP spent on healthcare. In OECD countries for every extra \$1000 spent on healthcare, life expectancy falls by 0.4 years. A similar correlation is seen

from analysis carried out each year by Bloomberg.^[26] Clearly this kind of analysis is flawed in that life expectancy is only one measure of a health system's performance, but equally, the notion that more funding is better is not supported.

In 2011, the health care industry consumed an average of 9.3 percent of the GDP or US\$ 3,322 (PPP-adjusted) per capita across the 34 members of OECD countries. The US (17.7%, or US\$ PPP 8,508), the Netherlands (11.9%, 5,099), France (11.6%, 4,118), Germany (11.3%, 4,495), Canada (11.2%, 5,669), and Switzerland (11%, 5,634) were the top spenders, however life expectancy in total population at birth was highest in Switzerland (82.8 years), Japan and Italy (82.7), Spain and Iceland (82.4), France (82.2) and Australia (82.0), while OECD's average exceeds 80 years for the first time ever in 2011: 80.1 years, a gain of 10 years since 1970. The US (78.7 years) ranges only on place 26 among the 34 OECD member countries, but has the highest costs by far. All OECD countries have achieved universal (or almost universal) health coverage, except the US and Mexico.^{[27][28]} (see also international comparisons.)

In the United States, where around 18% of GDP is spent on health care,^[26] the Commonwealth Fund analysis of spend and quality shows a clear correlation between worse quality and higher spending.^[29]

Administration and regulation

The management and administration of health care is vital to the delivery of health care services. In particular, the practice of health professionals and operation of health care institutions is typically regulated by national or state/provincial authorities through appropriate regulatory bodies for purposes of quality assurance.^[30] Most countries have credentialing staff in regulatory boards or health departments who document the certification or licensing of health workers and their work history.^[31]

Health information technology

Health information technology (HIT) is "the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making."^[32]

Health information technology components:

- Electronic Health Record (EHR) - An EHR contains a patient's comprehensive medical history, and may include records from multiple providers.^[33]
- Electronic Medical Record (EMR) - An EMR contains the standard medical and clinical data gathered in one's provider's office.^[33]

- **Personal Health Record (PHR)** - A PHR is a patient's medical history that is maintained privately, for personal use.^[34]
- **Medical Practice Management software (MPM)** - is designed to streamline the day-to-day tasks of operating a medical facility. Also known as practice management software or practice management system (PMS).
- **Health Information Exchange (HIE)** - Health Information Exchange allows health care professionals and patients to appropriately access and securely share a patient's vital medical information electronically.^[35]

See also

- Category:Health care by country
- Healthcare system / Health professionals
- Health equity
- Health policy
- Universal health care



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