**The dataset represents data from the study by Tenforde et al. “The Association Between Personal Health Record Use and Diabetes Quality Measures”. *J Gen Intern Med* 2012; 27: 420-24.**

**Dataset: phr**

The cost of chronic disease management places a tremendous strain on the U.S. health care system. The total estimated cost of diabetes care alone in 2007 was $174 billion, or roughly 10% of total healthcare spending. The electronic personal health record (PHR), defined as an “application through which individuals can access, manage and share their health information…in a private, secure, and confidential environment,” has great potential for

addressing cost and quality of chronic disease management. Access to effective and tailored patient education, electronic patient–provider communication, and the wealth of clinical information and web-based resources contained within modern PHRs could lead to improvements in chronic disease outcomes through improved patient-centered care and self-management.

Few research findings have been published on the value of PHRs in chronic disease management. In this study, we explored the actual use of Cleveland Clinic’s electronic medical record (EMR)-linked PHR by a large primary care cohort of patients with type 2 diabetes mellitus (DM) to determine if use of the PHR was associated with improved diabetes quality measures.

We included all primary care patients actively managed DM aged 18–75-years seen in Cleveland Clinic departments of internal medicine and family medicine from July 2008 through June 2009. Diagnosis of diabetes was defined by the presence of appropriate ICD-9 codes within the EMR-based longitudinal problem list. Patients were considered actively managed if they were seen at least twice in the primary site of their assigned primary care physician during the 12-month period.

The Cleveland Clinic PHR, MyChart, was made available to the general patient population in 2006. As of July 2010, approximately 20–40% of primary care patients utilized the PHR, depending on practice site and physician. Patients were able to register for free access to the internet-based

PHR at each office visit, through their primary care provider, or directly through the Cleveland Clinic website. Once registered, patients require only a secure web browser and internet access to log in and engage in a variety of activities within the PHR. Upon release of patient information by a primary provider, patients with diabetes can access their EMR based diagnoses and co-morbidities, laboratory and other test results, along with secure messaging through the PHR with their provider.

We queried our institutional EMR clinical data repository for demographic and clinical data on eligible patients. We queried the PHR usage log to determine number of PHR use days over the study period, along with patient access data for various PHR functions (e.g. number of times a patient reviewed laboratory results, number of messages received from or sent to a patient’s primary care physician).

The DM quality care measures utilized in this study included dilated retinal eye exam, pneumococcal vaccination, attention to kidneys, attention to feet, smoking cessation, Hba1c, blood pressure, LDL cholesterol and body mass index.