

number of sessions and the number of months of PHR use across individuals. Some users with few months of use were new users, while others may have had poorer access to the internet, or did not derive sufficient value from myHERO. Providing better access to the internet might improve the continuity of use of a PHR, and a more comprehensive educational service to the end-users might improve their computer use or increase the value of the information in myHERO.

A limitation of the satisfaction data is that it is derived from 25% of the initial PHR users and therefore may not be representative of all PHR users nor would it represent the larger clinic population. The small sample size is a limitation of the preliminary study but still suggests that our patients would use a PHR. It is possible that number of sessions, pages accessed, and satisfaction would be different with a more diverse population with access to a PHR. It is also possible that internet access may limit PHR use and further work is needed to determine the relationship between PHR use and internet access.

The main goal of a PHR is to improve patient self-management of their health, and it is gratifying that over 80% of users responded that myHERO helped them better manage their health related problems. The finding that nearly a third of patients did not agree that the information is confidential is surprising given the consistent communications between staff and patients regarding the website, and it is not clear whether this concern with confidentiality impacted patients' PHR use. It is important in the future to clarify the issues of confidentiality and PHR use. Fundamentally, a PHR must provide value to the patient or it will not be used.²² For many patients, myHERO information was useful; however more applications, more timely information, or more accurate information will provide patients with greater utility and will probably lead to greater use of a PHR.^{8 23-25}

In conclusion, this project demonstrated that HIV/AIDS patients receiving care in a safety net setting will choose to create, activate, and use a PHR. In the future PHRs will be flexible to changes and improvements, share data, retrieve comprehensive information from multiple sources, and allow patients or their advocates to use data to deliver the best possible advice and services. Patients who adopt PHRs will require that the information is protected and private, however data security was not as dominant a concern. Access to the internet will likely be a key factor for patients to access their health information on an online PHR. Patients receiving care from safety net institutions, and vulnerable patient populations, will utilize these new information technology tools and should have access to online PHRs.

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Competing interest None.

Ethics approval This project was granted an exemption certification (#0833272) by the University of California Committee for Human Research (the Investigational Review Board at UCSF) and was approved by the Privacy Board of the San Francisco Department of Public Health.

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Correction

Hysong SJ, Sawhney, Wilson L. Research paper: Provider management strategies of abnormal test result alerts: a cognitive task analysis. *J Am Med Inform Assoc* 2010;**17**:71–77. The third author's first name was misspelled and should read Lindsey Wilson. The third author listed in reference 4 is incorrect. The name should read Vij MS instead of Vilhjalmsson R. Reference 6 is no longer in press; it was published in September, 2009 (volume 169, issue 17, pages 1578–86). Reference 18 is no longer in press; it was published in September, 2009 (volume 4: issue 62).

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