

**COMMENTARY****Guest Family Physician Commentaries***Chris Landon MD, CMD***Re: Proton Pump Inhibitor Therapy Associated With Lower Glycosylated Hemoglobin Levels in Type 2 Diabetes**

Finding the utility of electronic health care records is the holy grail of the massive sponsored conversion. Loss of productivity, disconnect between “cool” software and practical applications that benefit patients, and allowing a clinical “hunch” to be validated through association with a sufficient number of records to power a study as opposed to yet another “case report” are what feeds practice-based research networks, allowing clinicians to obtain data without having to buy expensive additional modules.

Crouch et al<sup>1</sup> allowed a large array of International Classification of Diseases codes, number of office visits over a specified period of time, laboratory results, and prescription records to inform a clinician’s impression that patients with type 2 diabetes had better glycemic control when taking a medication for gastroesophageal reflux. Approximately 2800 records were retrieved, of which 300 patients were using proton pump inhibitors. We and the authors have the opportunity to think out how to utilize electronic medical records and improve our own capturing of data to answer the questions, Were over-the-counter proton pump inhibitors used? What was the patient’s actual compliance? and Were medications prescribed by other physicians?

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See Related Articles on Pages 24, 42 and 50.

**Re: Receipt of Diabetes Preventive Care Among Safety Net Patients Associated With Differing Levels of Insurance Coverage**

DeVoe et al’s<sup>2</sup> findings are of particular relevance to health care reform because they highlight that public insurance coverage must be continuous to ensure consistent and timely receipt of evidence-based preventive services. Policies that make it difficult to obtain coverage or those that lead to high rates of discontinuous coverage contribute to disrupted care, even for established safety net patients with coverage gaps of short duration.

**Re: Early Adopters of Electronic Prescribing Struggle to Make Meaningful Use of Formulary Checks and Medication History Documentation<sup>3</sup>**

The research world has become such a small collegial space. I have many research colleagues across the country whom I have met only after several years of collaboration. The accessibility and curiosity of the truly thoughtful academician and his or her overwhelming respect for us on the front lines has always fascinated me. This collaboration has led to examining what we all know will be true: the magic of the electronic health care record will be feared as cautiously as fire was to early man.

**References**

1. Crouch M, Mefford IN, Wade EU. Proton pump inhibitor therapy associated with lower glycosylated hemoglobin levels in type 2 diabetes. *J Am Board Fam Med* 2012;25:50–54.
2. Gold R, DeVoe JE, McIntire PJ, Puro JE, Chauvie SL, Shah AR. Receipt of diabetes preventive care among safety net patients associated with differing levels of insurance coverage. *J Am Board Fam Med* 2012;25:42–49.
3. Crosson JC, Schueth AJ, Isaacson N, Bell DS. Early adopters of electronic prescribing struggle to make meaningful use of formulary checks and medication history documentation. *J Am Board Fam Med* 2012; 25:24–32.