Leveraging AI Tools to Empower New APPS in Clinical Practice

UR Highland FNP Residency
***Founded 2016 | Accredited 2019**
🏙️ **Urban Track**: Rochester, NY *Highland Family Medicine ~30,000K patients, largest urban safety net practice* 🌾 **Rural Track:** Canaseraga, NY *Tri-County Family Medicine, ~ 20K patients, 6 rural health centers FQHC-LAL*
Focus: Complex Primary Care for Underserved Communities
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Why We Use AI ?
Reducing documentation burden
Assisting with medically complex patients
Addressing burnout in underserved primary care
Enhancing clinical guidance and team efficiency

AI Tools in Clinical Practice

AI Tools Used in Clinical Practice

📝 **Ambient AI Clinical Documentation**
Urban Track: DAX (Epic)
Rural Track: Sunoh.ai (eCW)

📚 **Clinical Decision Support**
Open Evidence
Doximity GPT
Qualified Chat

🔍 **Specialty Clinical Resources**
Dermatology: VisualDx

⚙️ **Practice Management & Operations**
Qualified Health

Keeping AI Use Safe & Effective

🔒 **Privacy & Security**
- HIPAA compliance
- No PHI in unsecured platforms

👩‍⚕️ **Clinical Oversight**
- Human oversight remains essential
- Monitor bias, accuracy, and safety

🤖 **Responsible AI Use**
- Ethical application
- Clear limitations and accountability

Ambient AI Clinical Documentation

Sunoh.ai

Benefits:

- Ability to import pre-saved exam templates from eClinicalWorks
- Referring to visits when writing notes later.
- entering diagnoses directly into eClinicalWorks before opening the Sunoh note improves accuracy and helps align the assessment and plan
- The generated plans are thorough, concise, and support efficient documentation.

Considerations/Opportunities for Improvement:

- Transcription quality can be inconsistent, sometimes needing edits for accuracy and speaker attribution.
- Generated HPIs may require clinician review and adjustment.
- Suggested diagnoses can benefit from clinical refinement and validation.
- Capturing physical exam findings and orders may require modified workflow or additional spoken detail during visits.

Shelby Gross, FNP Rural Track NPR

URMC APP DAX™ Pilot Participant

4-week pilot with eligibility requirement. End of pilot feedback assessed on workflow impact, impact of overall training, and supported focus on the patient and medical decision making?

Considerations:

- DAX takes information literally (example: I have done this a million times)
- Puts irrelevant information into the note, does not filter extraneous information
- Has downtime/ connection issues at times
- Up until recently, only worked on iPhone
- $$ for the institution
- Consent from patients to use

Benefits:

- Allow me to make meaningful eye contact with patient, listen intently
- Provide real-time education without worrying about remembering what we talked about
- Frees up mental space for clinical decision making
- The program allows for format changes (bullet points)
- Helps with recall and prevents missed documentation
- Can review the transcript
- Quickens note completion times

Physical Exam: Spoken

Let's take a look at your pupils

I don't feel anything on your head

Definitely bruising on your arm—your right arm—(Pt: "ooh yeah that hurts when you press anywhere around there") and there is some swelling as well.

Where exactly is the pain in your back starting? Okay, in the middle, low-to-mid back? Got it. Is it worse on one side, or is it midline?

Yes, this rash looks consistent with a shingles rash, it's just on your right side and it looks like it's along the L6 dermatome. Can I see where it goes on your back as well? Yep, still along approximately the L6. And everything looks like it's scabbing over at this point.

Physical Exam: DAX OUTPUT

Eyes: Pupils equal and reactive to light.

Head: No palpable bumps or hematomas.

Extremities: Bruising and tenderness on right arm. Bruising from medial left foot to ankle. Swelling on right arm.

Musculoskeletal: Muscle spasms in mid to low back. Pain with resisted arm movements. No fracture.

Physical Exam

Skin: Vesicular rash consistent with shingles along the right T6 dermatome, extending to the back. No new lesions; lesions are scabbing.

DAX Custom Templates

Customizable template

You can edit or replace the content in this suggested template. This is saved as the auto-text Physical Exam customizable template

Constitutional: [List findings] {if not mentioned put "In no acute distress. Normal appearance."}
HEENT: [List findings including "No scleral icterus" unless stated otherwise] {if not mentioned put "No scleral icterus."}
Respiratory: [List findings] {if not mentioned put "Pulmonary effort is normal. No respiratory distress."}
Cardiovascular: [List findings] {if not mentioned delete this row}
Gastrointestinal: [List findings, including Rectal, Male] {if not mentioned delete this row}
Genitourinary: [List findings, prefixed Male or Female] {if not mentioned delete this row}
Lymphatic: [List findings] {if not mentioned delete this row}
Musculoskeletal: [List findings] {if not mentioned delete this row}
Extremities: [List findings] {if not mentioned put "no lower extremity edema."}
Skin: [List findings] {if not mentioned put "Warm and dry."}
Neurological: [List findings] {if no data put "Alert and oriented to person, place, and time. Gait normal."}
Psychiatric: [List findings] {if not mentioned put "Mood normal. Behavior normal."}
Other observations: [List findings] {if not other observations delete this row}

1152/10000

A/P custom template

{Primary Diagnosis Group 1}1. [Primary Diagnosis 1 Name]
[If there are related diagnoses, list numbered on separate lines in ascending chronological order beginning with previous diagnosis N+1] {If no additional related diagnoses, remove this line}
[Chronic/Acute/Established/New/Preventive][, at goal/not at goal, and/or exacerbation if chronic issue; stable/unstable if acute or new problem {if not applicable, remove this portion}]
- CDM: [Brief assessment summary tying together the information related to each diagnosis in Primary Diagnosis Group 1. Include a list of any differential diagnoses discussed during the visit, and any rationale for or against them if stated during the visit. {if no differential diagnoses discussed, remove this line.}] {If Primary Diagnosis Group 1 is not acute, new, unstable, or exacerbated, then delete this entire row and header.}
- Diagnostic plan: [Any diagnostic plan, if applicable, including labs and imaging, relevant to Primary Diagnosis 1 and its related diagnoses.] {If no diagnostic plan, then delete this entire row and header.}
- Treatment plan: {if no treatment plan applicable such as for preventive screening, remove this row and the associated lines below}
  - [Plans discussed during visit for Primary Diagnosis 1 and its related diagnoses, with minimal redundancy. For example, if we discussed a medication, risks/benefits, possible side effects, etc., and I also prescribed it, that should be listed in one line.] {If no treatment plan items are generated, then delete this entire row.}
  - "{If Primary Diagnosis 1 is acute or new, then include 'Return and ED precautions reviewed.'}" {If Primary Diagnosis 1 is not acute, new, unstable, or exacerbated, then delete this entire row.}
- Future considerations: [Anything discussed doing at the next visit, or if current treatment plan is unsuccessful, or if any diagnostics rule out one of the differential diagnoses for Primary Diagnosis 1 and its related diagnoses.] {If no future considerations discussed, then delete this entire row and header.}

[Repeat the above section for any additional primary diagnosis groups {Primary and related diagnoses should always be listed on separate lines in ascending chronological order continuing from the previous listed diagnosis even if that diagnosis is in another primary diagnosis group, before moving on to the remainder of the section content.]

Other recommendations: [In bullet points, list any recommendations made that do not align with any of the above listed diagnoses.] {if not applicable, remove this row and header}

Future visits: [Describe any plans discussed or recommended for future visits including specialists, outstanding imaging needing scheduled, etc. Remove this row and header if not discussed].

Follow-up: [next scheduled or recommended visit. If multiple types of follow up appointments needed or discussed, list in bullet points.].

QUALIFIED CHAT (MICROSOFT; EMBEDDED-EPIC)

Sarah Tomasello, FNP-C, Urban Track NPR

HIPAA protected

write me a letter for patient to keep in glove box for permission to have tinted windows due to photophobia

Here is a draft letter you can provide to a patient for their glove box, explaining the medical necessity of tinted windows due to photophobia:

[Your Clinic/Hospital Letterhead]

Date: [Current Date]

To Whom It May Concern:

This letter serves to confirm that [Patient's Full Name], born on [Patient's Date of Birth], is under my medical care for a condition that necessitates the use of vehicle window tinting beyond standard legal limits.

[Patient's Full Name] suffers from severe photophobia, a medical condition characterized by an extreme sensitivity and intolerance to light. This condition can be caused by various underlying medical issues, including [mention specific condition if appropriate, e.g., migraine, certain eye conditions, neurological disorders, etc., or keep general if preferred]. Exposure to bright light, particularly sunlight, can trigger debilitating symptoms such as intense eye pain, headaches, migraines, blurred vision, and significant discomfort, which can impair their ability to drive safely and perform daily activities.

To mitigate these symptoms and ensure their safety and well-being, it is medically necessary for [Patient's Full Name] to operate a vehicle equipped with window tinting that provides adequate protection from light exposure. This measure is crucial for managing their condition and preventing acute exacerbations.

We kindly request your understanding and cooperation regarding this medical accommodation. Should you require further information or verification, please do not hesitate to contact my office.

Sincerely,

[Doctor's Full Name] [Doctor's Title/Specialty] [Medical License Number] [Clinic/Hospital Name] [Clinic/Hospital Address] [Clinic/Hospital Phone Number]

HIPAA protected

12 year old patient with autism was discharged from a dental office due to missed appointments. Please write a letter to the dental office asking them to see the patient again and excuse his missed appointments due to behavioral concerns related to his autism diagnosis

Here's a professional letter you can adapt and send to the dental office:

[Your Name / Practice Name] [Address] [City, State, ZIP] [Phone Number] [Email Address] [Date]

To the Dental Office Manager and Treating Dentist,

I am writing on behalf of my patient, [Patient's Full Name], a 12-year-old child currently under my care, to respectfully request reconsideration of his discharge from your practice due to missed appointments.

[Patient's Name] has a confirmed diagnosis of Autism Spectrum Disorder (ASD), which significantly impacts his ability to engage with healthcare settings in a predictable and consistent manner. Behavioral challenges associated with his diagnosis — including heightened sensory sensitivities, anxiety in unfamiliar environments, and difficulty with transitions — can make scheduling and attending medical and dental appointments particularly challenging for both the patient and his family.

The missed appointments were not a reflection of negligence or indifference on the part of his caregivers, but rather a direct consequence of the behavioral and emotional barriers inherent to his condition. His family is deeply committed to his health and well-being, including his oral health, and they are actively working with his care team to develop strategies that support his participation in healthcare visits.

We kindly ask that your office consider the following accommodations, which may help facilitate successful future appointments:

- **Scheduling flexibility** — allowing for same-day cancellation or rescheduling without penalty when behavioral episodes occur
- **Sensory-friendly appointment times** — quieter periods of the day with reduced waiting room stimulation
- **Gradual desensitization visits** — short, low-demand introductory visits to help [Patient's Name] acclimate to the dental environment
- **Advanced communication** — pre-visit social stories or visual schedules shared with the family ahead of appointments

Patients with ASD often require additional patience and individualized approaches, and with the right support in place, successful dental care is absolutely achievable. Continuity of care with a familiar provider is especially valuable for children with ASD, as changes in providers can introduce additional stress and setbacks.

We greatly appreciate your consideration and hope that your practice will be able to welcome [Patient's Name]

HIPAA protected

Please explain the following x ray results to my patient in laymans terms and provide reassurance "There is mild left hip osteoarthrosis. There is no acute left hip fracture or dislocation. There is at least partial osseous fusion/ankylosis of the left sacroiliac joint. There are degenerative changes of the pubic symphysis."

Okay, let's break down these X-ray results so your patient can understand them clearly. Here's how you might explain it, focusing on reassurance:

"We've reviewed your X-ray, and it gives us some good information about what's going on.

First, the good news: The X-ray shows **no sign of a broken bone or your hip being out of place** in your left hip. That's a very positive finding.

Now, regarding some of the other observations:

- **Left Hip:** We see some **mild osteoarthritis** in your left hip. Think of osteoarthritis as a bit of 'wear and tear' on the joint, similar to how a car tire might show wear over time. It's a very common condition, especially as we get older, and in your case, it's described as mild.
- **Sacroiliac Joint:** This is a joint in your lower back where your spine connects to your pelvis. The X-ray shows that the bones in your left sacroiliac joint have **partially grown together or fused**. This can happen over time and might be a long-standing change.
- **Pubic Symphysis:** This is the joint at the very front of your pelvis. The X-ray indicates some **degenerative changes** there, which again, means a bit of wear and tear. This is also quite common.

In summary, the main takeaway is that there's no acute injury like a fracture or dislocation. We're seeing some common age-related changes and wear and tear in a few of your joints. We can discuss these findings further and talk about the best ways to manage any symptoms you might be experiencing."

OPEN EVIDENCE

I am seeing a middle-aged female with history of PMLE presenting with persistent depression. Which antidepressants would be least likely to increase sun sensitivity?

Analyzed query, searched for evidence ×2

For a patient with polymorphic light eruption (PMLE), the antidepressants least likely to exacerbate photosensitivity include **bupropion**, **vortioxetine**, **vilazodone**, and **SNRIs** (e.g., venlafaxine, desvenlafaxine, duloxetine). These agents have the most favorable profiles with respect to drug-induced photosensitivity based on available evidence.

Antidepressant classes and photosensitivity risk:

Lowest risk — preferred options:

- **Bupropion** — Photosensitivity is listed only as a rare postmarketing report in the FDA label and is not a recognized clinical concern. Its mechanism (norepinephrine-dopamine reuptake inhibition) is distinct from the serotonergic pathways implicated in SSRI-related photosensitivity. It also carries the advantage of no sexual dysfunction and no weight gain. FDA + 1
- **Vortioxetine and vilazodone** — These newer agents have no significant photosensitivity signal in their adverse effect profiles. NEJM
- **SNRIs (venlafaxine, desvenlafaxine, levomilnacipran)** — Photosensitivity is not a recognized adverse effect. However, duloxetine has been reported to show cross-reactivity in at least one case involving paroxetine-induced photosensitivity, so it may warrant caution. Photodermatol...

Moderate risk — use with caution:

- **SSRIs** — Although photosensitivity reactions are rare overall, SSRIs are the antidepressant class most consistently linked to drug-induced photosensitivity in the literature. **Paroxetine and fluvoxamine** have the most reported cases, with confirmed photoallergic reactions on photopatch testing. **Citalopram** has been associated with photosensitive SCLE. Cross-reactivity between different SSRIs has been demonstrated, suggesting a class effect potentially related to shared methylation metabolism. If an SSRI is preferred, **sertraline** has the fewest photosensitivity reports among the class. Photodermatol... + 2
- **Mirtazapine** — Photosensitivity reaction is listed as an "infrequent" adverse event (1/100 to 1/1000) in the FDA label, placing it at slightly higher risk than bupropion. FDA

Highest risk — avoid:

- **Tricyclic antidepressants (TCAs)** — Particularly **imipramine** and **amitriptyline**, which have well-documented phototoxic reactions including photo-distributed hyperpigmentation. A systematic review identified 25 cases of TCA-induced photosensitivity, with imipramine accounting for the majority. Photodermatol...

Practical considerations for this patient:

Given the underlying PMLE, which itself reflects a failure of UV-induced immunosuppression, adding a photosensitizing medication could lower the threshold for flares. Dermatologic T... **Bupropion** represents the strongest first-line choice, provided there are no contraindications (seizure disorder, eating disorder, concurrent alcohol/benzodiazepine withdrawal). NEJM If serotonergic activity is desired (e.g., for comorbid anxiety), **venlafaxine or desvenlafaxine** would be reasonable alternatives. Standard PMLE management with broad-spectrum sunscreen and photoprotection should be reinforced regardless of antidepressant choice. Dermatologic T...

Would you like to explore the evidence on whether photohardening or prophylactic PMLE treatments could allow broader antidepressant selection in this patient?

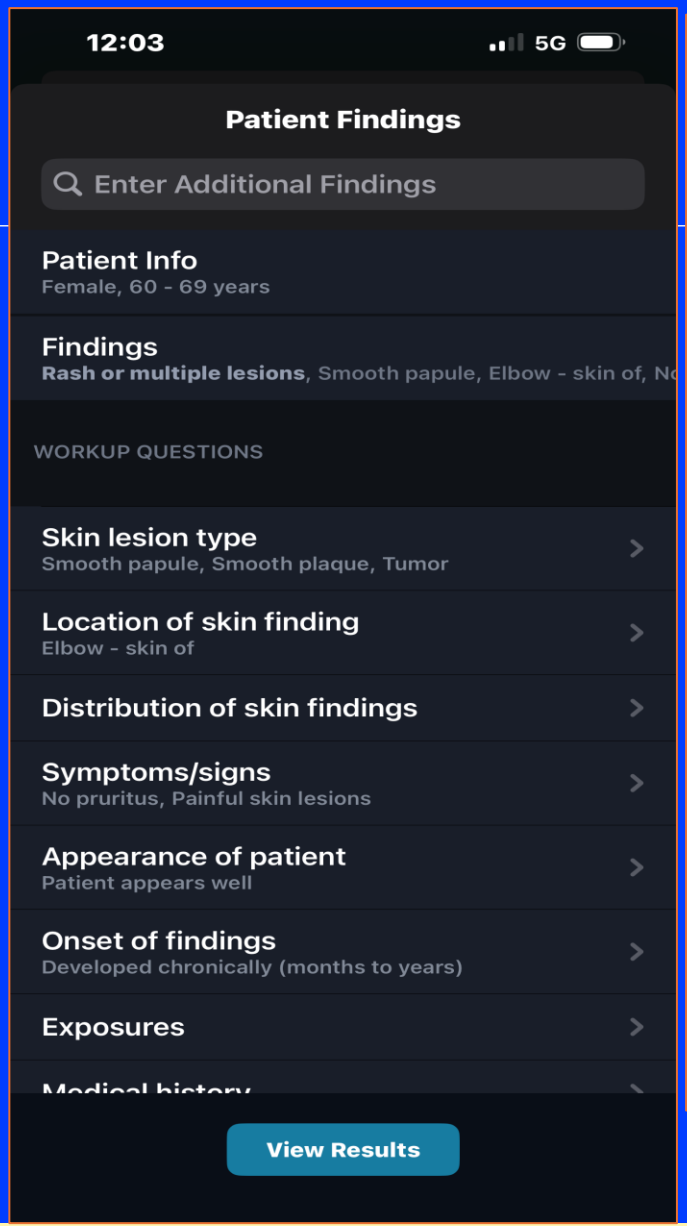
References

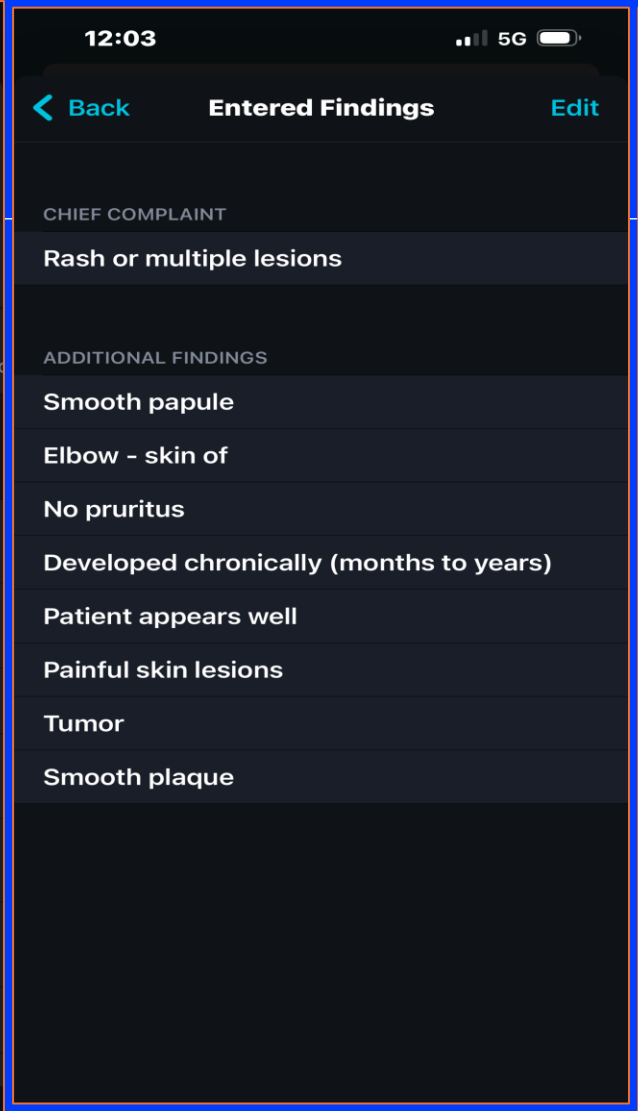
1. Bupropion Hydrochloride. FDA Drug Label.
   Food and Drug Administration. Updated date: 2026-01-08.

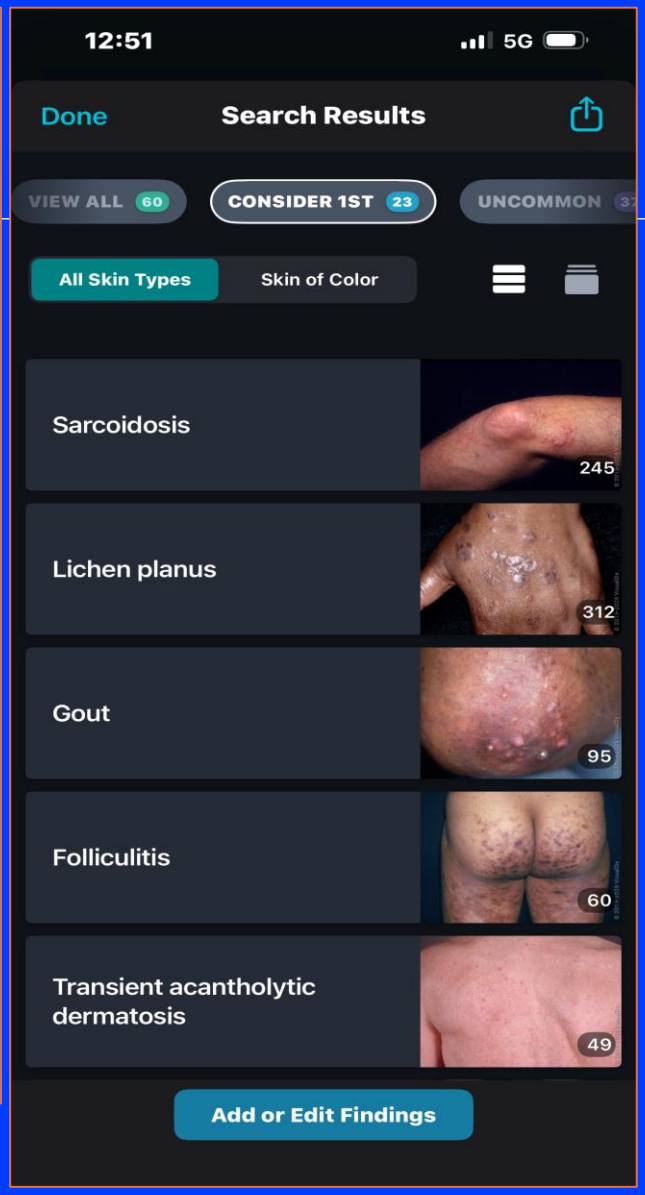
Ask a follow-up question...

VISUAL DX

Differential Diagnosis Support

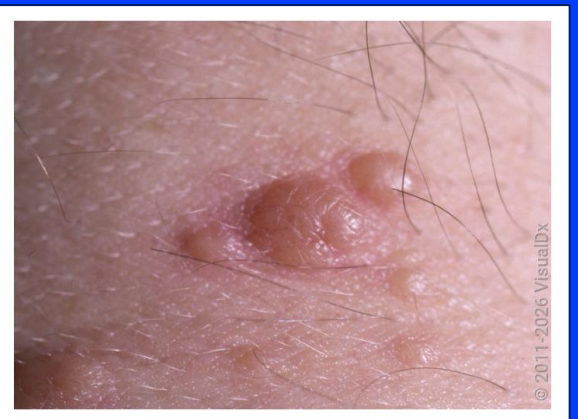






Diagnosis Look Up

- Synopsis
- ICD10 Codes
- Key Findings
- Differential Diagnoses and Pitfalls
- Diagnostic testing
- Management
- Library of Images on different populations and skin types



Shelby Gross, FNP Rural Track NPR

Thank you!

- Q & A

References, Resource, & Journal Articles

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