NeighborHealth

APP Fellowship Program

Artificial Intelligence

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July 13, 2026

#1 Who We Are

#2 Clinical Decision Support

#3 Pre-Charting

#4 Ambient Listening

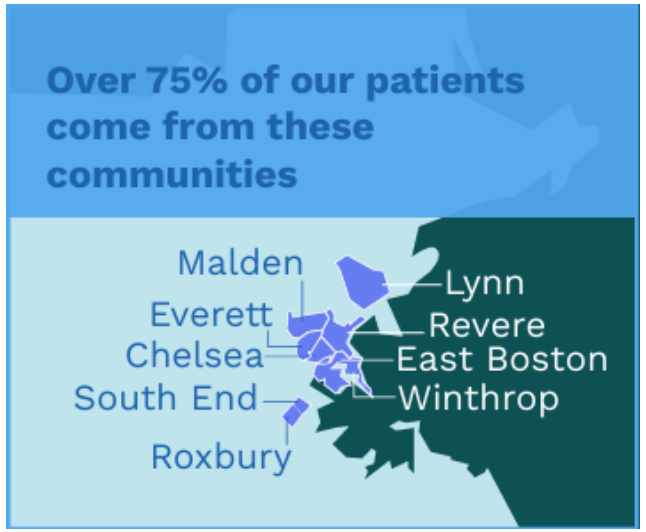
#5 Geriatric Polypharmacy

#6 Current Initiatives

NeighborHealth

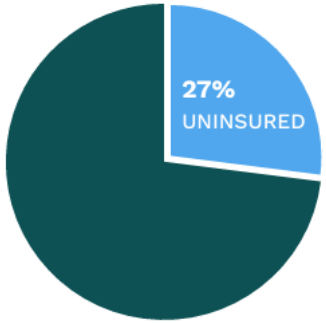
Who We Are

#1



INSURANCE

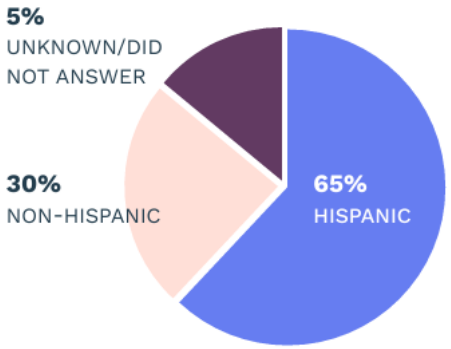
27% of patients are uninsured.



We provide care to the largest number of Health Safety Net patients in the state—a largely undocumented population who are under or uninsured.

ETHNICITY

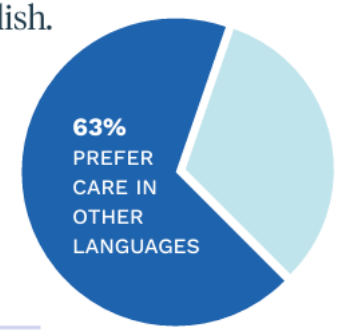
65% identify as Hispanic/Latino.



LANGUAGE

63% prefer care in a language other than English.

We are the second largest provider of medical translations in the state.



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Who We Are

- 24-month program

#1

- Year-one accredited since 2023
- Full-scope training in Specialties, Procedures, Leadership, Prenatal care, and Primary care throughout the lifespan.

We are accredited by the Consortium for Advanced Practice Providers.

Who We Are

#1

Mission:

Increase the competence, confidence, and job satisfaction of new graduate family medicine NPs and PAs.

Prepare future leaders in community health.

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Who We Are

#1

- Fully-precepted clinic 28 hrs/wk
- Didactics
- Specialty rotations
- Mentoring

Year 1 fellows (left to right)

Stephanie Ramirez NP

Jean Poulard, NP

Carina Ashkar, DNP

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Who We Are

Year 2 fellows

#1

Shannon MacDonald, NP (left)
& Sharon Guerra DNP (right)

- Independent clinic
- Mentor & Mentee
- Leadership training (lead QI project, PAP tracker)

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Who We Are

#1

- **Informatics** is first Specialty
- All fellows obtain Epic SmartUser Badge
- Director is Clinical Informaticist

AI in Clinical Decision Support

September 2024

Open Evidence

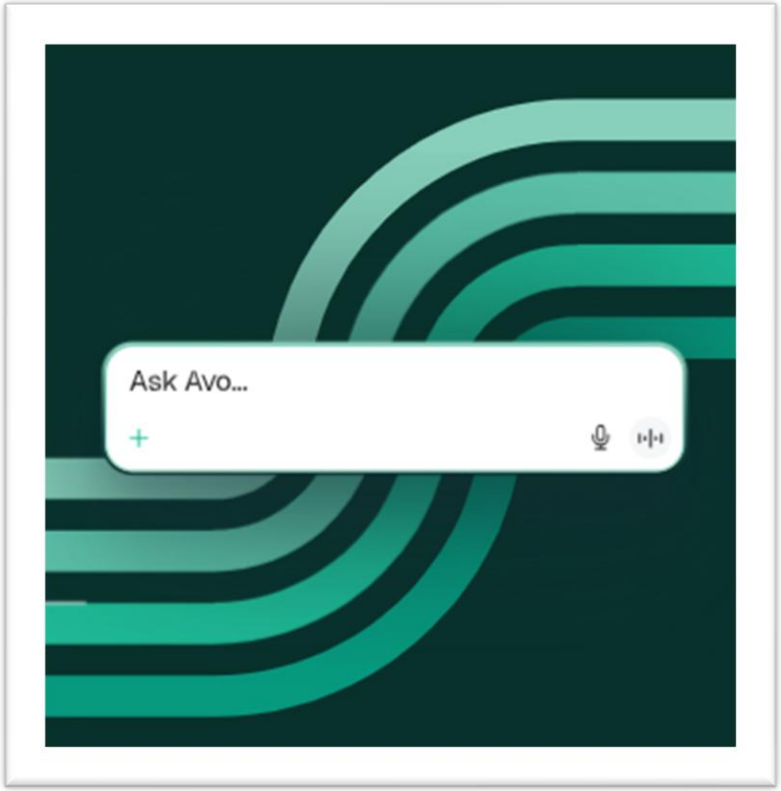
#2

January 2025

Ask AVO

Similar to Open Evidence but incorporates info from your patient's chart.

Ask a clinical question or differential diagnoses.



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Clinical Decision Support- Sept 2024

#2

what is positive ulnar variance?

OpenEvidence

Positive ulnar variance refers to a condition in which the **distal articular surface of the ulna extends more distally (is longer) than the articular surface of the distal radius** at the wrist joint. It is measured on wrist radiographs, typically using a posteroanterior (PA) view, and is expressed in millimeters relative to the distal radial articular surface. Sports Health + 1

Normal anatomy and measurement: Ulnar variance describes the relative length relationship between the distal radius and ulna. When the ulna and radius are at the same level, this is termed "neutral" variance. When the ulna is shorter, it is "negative" ulnar variance. When the ulna is longer (projects more distally), it is "positive" ulnar variance. In asymptomatic populations, the mean ulnar variance is approximately **−1.6 mm**, with about 15% of individuals having positive ulnar variance. Acta Radiologica

Causes: Positive ulnar variance may be congenital, acquired from a malunited distal radius fracture (which effectively shortens the radius), or develop in athletes — particularly gymnasts — due to repetitive loading causing premature physeal arrest of the distal radius. American Jour... TFCC foveal

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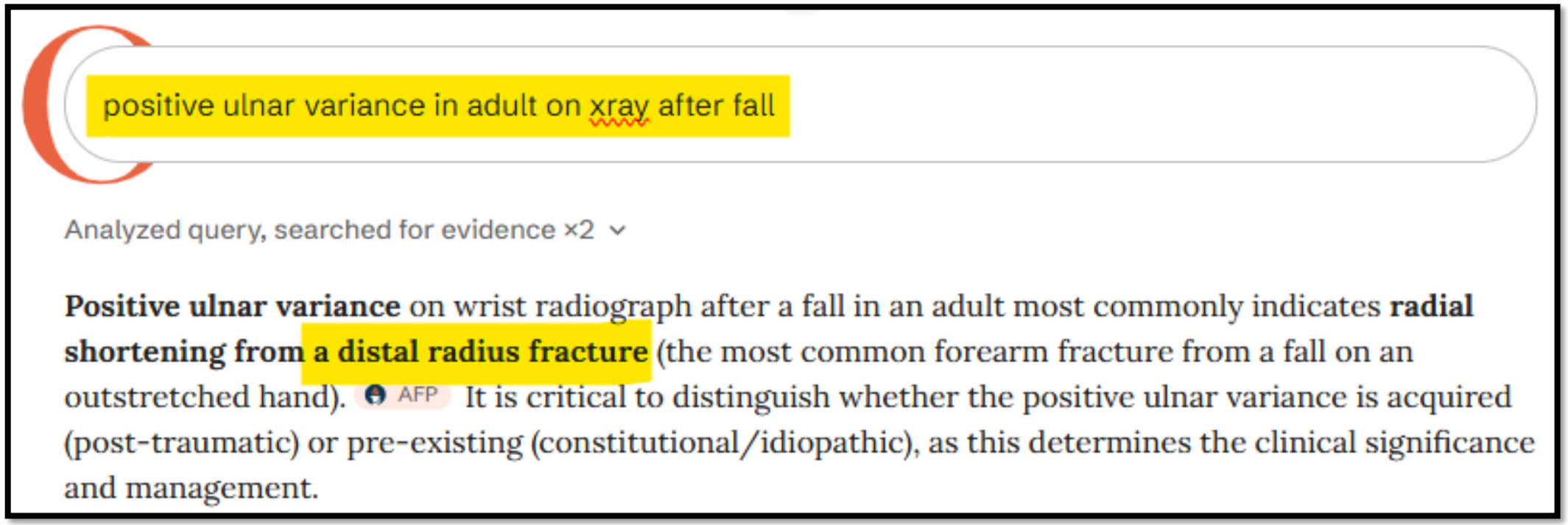
Clinical Decision Support

OpenEvidence

#2



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AI for Ambient Listening

December 2024

#3

- Abridge Scribe Pilot at Neighborhealth
- Small group of providers, including APP Fellowship Director

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Ambient Listening- Dec 2024

Constipation, unspecified constipation type

No alarm features today (no hematochezia, anemia, weight loss, change in caliber), so routine bloodwork, imaging, or colonoscopy are not indicated.

Patient Education:

-Increase Fiber intake

Fiber helps make your stool softer and easier to pass. Aim for 25 to 35 gr… …its: prunes, kiwifruit, apples, pears, berries

Vegetables: broccoli, carrots, green beans

Whole grains: oat bran, whole wheat bread, brown rice

Beans, lentils, and nuts

-Increase fiber slowly — about 5 grams more per week — to avoid bloating and gas.

-Drink Plenty of Fluids

Water is best. Aim for 6 to 8 glasses per day. Drinking more fluids works best when combined with eating more fiber.

-Stay Active

Regular physical activity, such as walking 20 to 30 minutes most days, can help keep your bowels moving.

-Develop a Toilet Routine

Try sitting on the toilet at the same time each day, especially after meals, when your body naturally wants to move the bowels.

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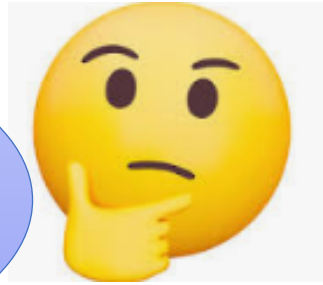
Ambient Listening- Dec 2024

A.I. HALLUCINATIONS

Subjective:
- 44-year-old female presents with 2–3 days of rhinorrhea, sore throat with itchiness, nonproductive cough, and itchy/watery eyes.
Denies fever, chills, dyspnea, wheeze.

Diagnostics:
- **Point-of-care Rapid strep A: Positive**

Did this happen?



AI for Ambient Listening

#3

March 2025

- Y2 fellows may **OPT IN** to use Abridge
- Y1 fellows- NOT approved

Why not Year 1s? Need to develop:

-Good note writing skills (to recognize a complete note)
-Reliable to proofread (and delete any 'hallucinations' in the note!)
-Honest (delete any embellishments not done by provider)
-Confident (admit mistakes)

AI for Ambient Listening

March 2025 – March 2026

#3

ABRIDGE

AVO

Provider Feedback

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AI for Ambient Listening

March 2026

- All Y1 fellows start using AvoMD
  (6 months into Year 1)
- **Not OPT IN**

#3

Who is using Ambient now?

EVERYONE

-Those with poor note writing skills

-Struggling to keep up with documentation

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AI for Ambient Listening

Our mission statement:

Job satisfaction…

#3

"Since I started using AVO to help during visits and able to focus more on my patients instead of worrying about documentation with my notes, I've noticed that I'm much more present."

-Carina Ashkar, Year 1 fellow

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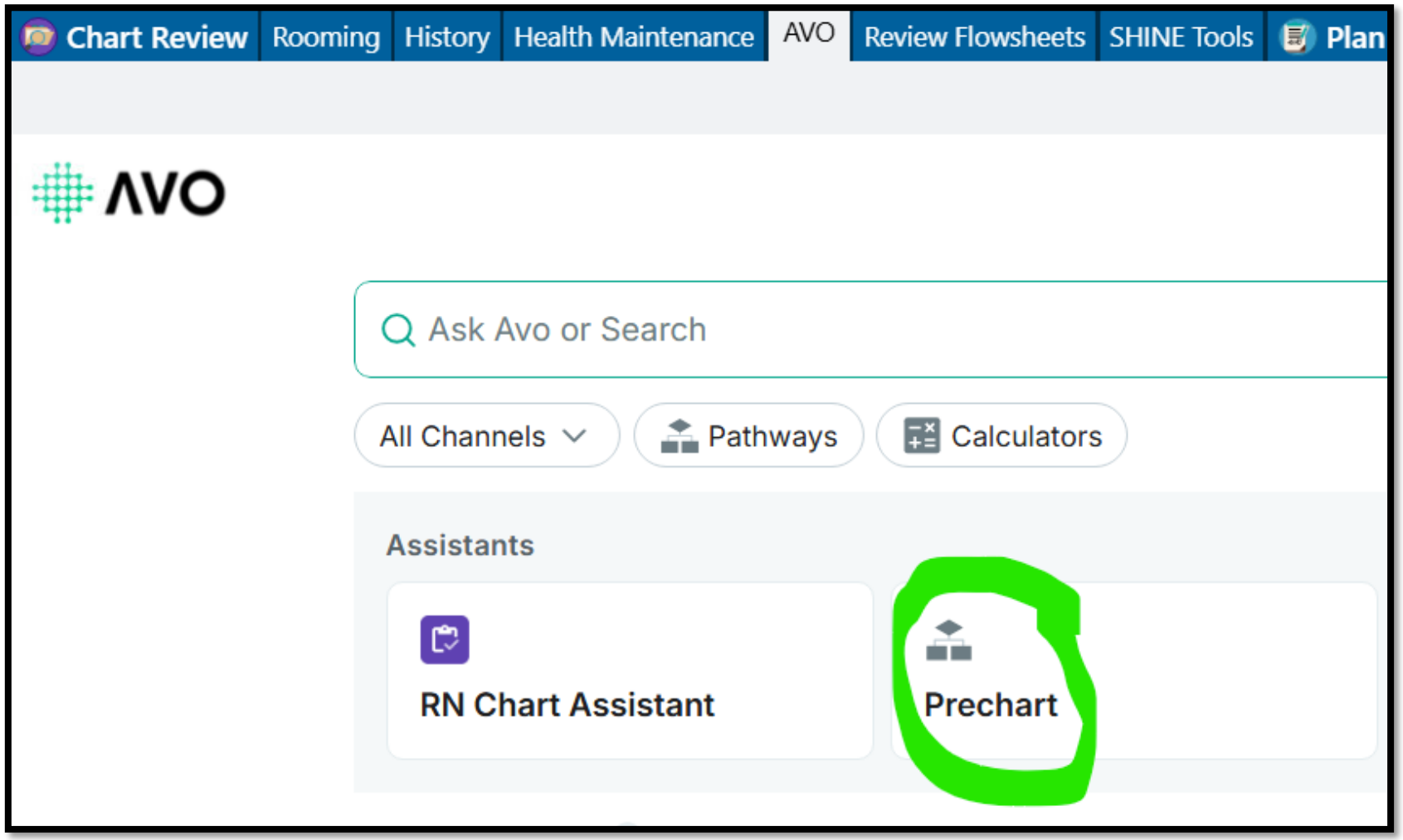
AI for Pre-Charting- May 2025

#4



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AI for Pre-Charting

Hospital Follow-up appt

Never met patient before.

#4

- 63 year old
- Hosp admit x 1 week then Rehab
- Dizziness
- GI bleed, Hgb of 4.
- New infected ulceration of Below the Knee Amputation (2016).
- **32 Problems** on Problem List

AI for Pre-Charting

#4

1 | Active issues & plans

Patient recently hospitalized (1/20–2/2/2026) for GI bleed with severe anemia and new subacute ischemic stroke; now s/p rehab, seen by ID 3/10 with BKA stump clinically improved off antibiotics. Several discharge tasks remain without documented completion (Holter, thyroid US, lab follow-ups).

AI for Pre-Charting

#4

Issue	Assessment (as documented)	Existing plan
Recent subacute ischemic stroke (R precentral gyrus) with LUE weakness	MRI brain 1/27/2026: subacute infarct R precentral gyrus with petechial microhemorrhage; no LVO on MRA. Neuro exam during admit showed LUE weakness improving by discharge; OT/PT recommended SAR. Vitals during admit often hypertensive; discharge on ASA 81 mg and atorvastatin 80 mg. (Neurology notes 1/27/2026 12:09 PM; Family Med notes 1/30–2/2/2026)	• Continue ASA 81 mg and high-intensity statin; outpatient 30-day Holter for AF eval ⏳ (Katie McMillen, NP / Neurology, note 1/27/2026) • Normotensive BP goal; telemetry inpatient completed; outpatient stroke f/u scheduled 3/30/2026 ⏳

AI for Pre-Charting

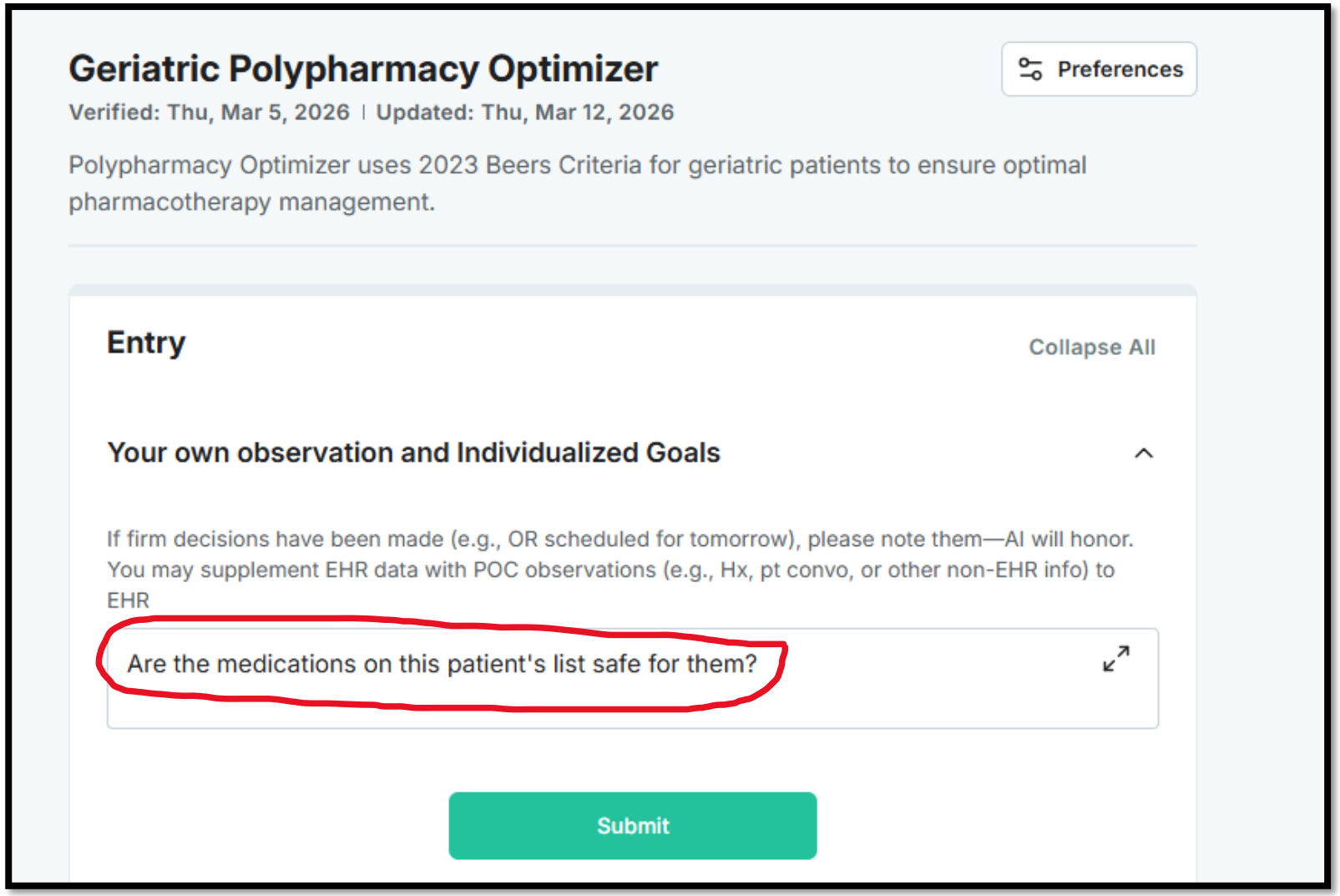
#4

Closing the Loop

Thyroid lesion (1.5 cm, R lobe) incidentally noted	Found on MRI C-spine/brachial plexus 1/25/2026; no additional eval documented. (MRI 1/25/2026; FM notes 1/26–2/2/2026)	• Non-emergent outpatient thyroid US ⏳ (FM Discharge 2/2/2026); no order/result found

Geriatric Polypharmacy

#5



Geriatric Polypharmacy

#5

73 year old

Outpatient Medications

acetaminophen (TYLENOL) 500 mg tablet	Take 2 tablets by mouth every 8 hours as needed for pain
albuterol sulfate HFA (VENTOLIN HFA) 108 (90 Base) mcg/act inhaler	INHALE 2 PUFFS EVERY 4 HOURS AS NEEDED FOR WHEEZING, SHORTNESS OF BREATH AND COUGH. CONTACT PROVIDER IF USING MORE THAN 2X WEEKLY
amLODIPine (NORVASC) 10 mg tablet	Take 1 tablet by mouth 1 time a day
ammonium lactate 12% lotion	Apply 1 Application to affected area 2 times a day
atorvastatin (LIPITOR) 40 mg tablet	Take 1 tablet by mouth at bedtime
diclofenac sodium 1% gel	Apply 2 g to affected area 3 times a day as needed (back pain)
DULoxetine DR 60 mg capsule	Take 1 capsule by mouth 1 time a day
hydroCHLOROthiazide 25 mg tablet	Take 1 tablet by mouth 1 time a day
ibuprofen (MOTRIN) 200 mg tablet	Take 2 tablets by mouth every 8 hours as needed for moderate pain
loratadine (CLARITIN) 10 mg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY
mirtazapine (REMERON) 7.5 mg tablet	TAKE 1 TABLET BY MOUTH IN THE EVENING. IF ONE TABLET IS TOO STRONG, TAKE 0.5 TABLET
PEG 3350 17 g/SCOOP oral powder	Take 17 g by mouth 1 time a day
polyvinyl alcohol 1.4% ophthalmic solution	Instill 1 drop into both eyes 4 times a day
SENNA-TIME 8.6 MG tablet	TAKE 2 TABLETS BY MOUTH 1 TIME A DAY AS NEEDED FOR CONSTIPATION

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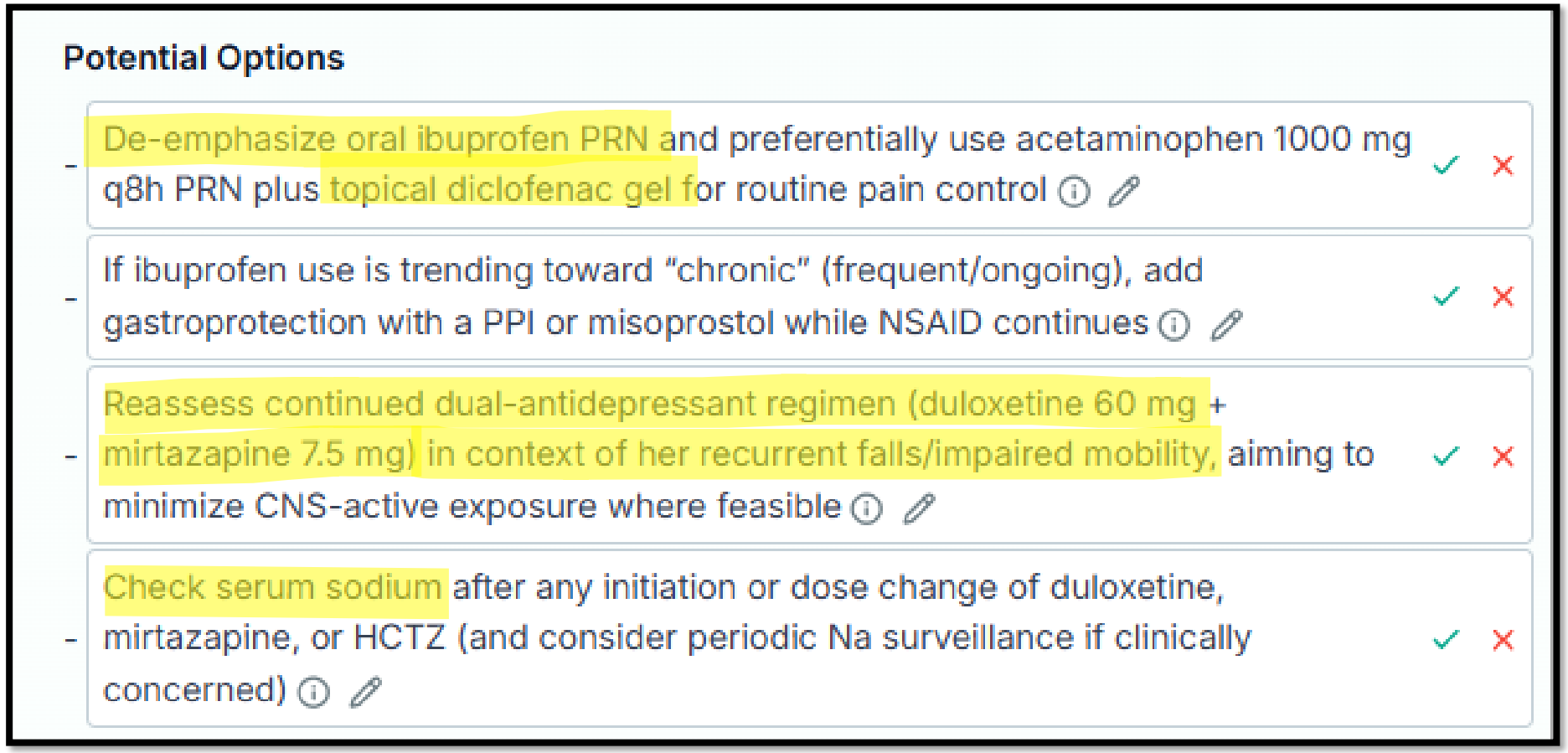
Geriatric Polypharmacy

#5



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Current Initiatives: Gender Bias

6 months (2026) evaluation comments for male-identifying fellow:

#6

- “He continues to impress me with his charting and **creation of documentation tools**, creating comprehensive and clear Smartphrases and templates.”
- “He was our **first fellow to try out Ambient listening** [this cohort]! He seeks out ways to improve processes and makes recommendations to improvement to IT”

Current Initiatives: Gender Bias

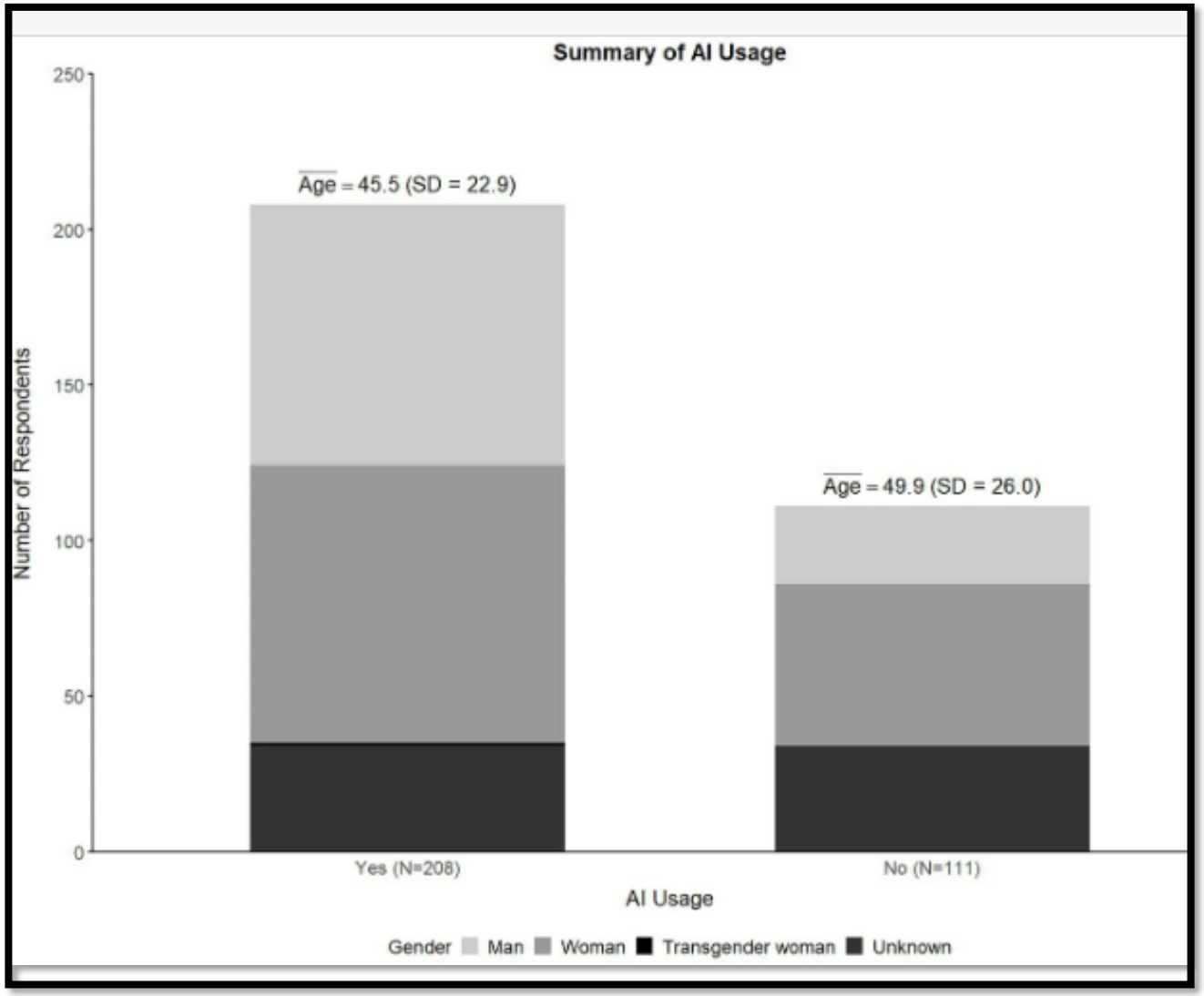
6 months (2026) evaluation comments for the two female-identifying APP fellows:

#6

- “compassionate clinician”
- “humility”
- “calm”
- “kind”
- “a pleasure to work with”
- “positive attitude”

Current Initiatives: Equity in AI training

#4



"**GenAI usage was reported higher among men (77.1%) compared to women (63.1%),** with 36.9% of women reporting non-use, a noticeably higher proportion than the 22.9% of men. This difference was statistically significant (χ^2 (4) = 20.797, $p < 0.001$). "

Faria V, Goturi N, Dynak A, Talbert C, Pondelis N, Annoni M, Blease C, Holmes SA and Moulton EA (2025) Triadic relations in healthcare: surveying physicians' perspectives on generative AI integration and its role on empathy, the placebo effect and patient care. Front. Psychol. 16:1612215. doi: 10.3389/fpsyg.2025.1612215

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Current Initiatives: Equity in Training

#4

AI familiarity and hands-on experience *consistently emerge as stronger predictors of AI acceptance.*

Scipion C, Manchester MA, Federman A, Wang Y, Arias JJ. *Barriers to and facilitators of clinician acceptance and use of artificial intelligence in healthcare settings: A scoping review.* **BMJ Open.** 2025;15(4):e092624. doi:10.1136/bmjopen-2024-092624.

Current Initiatives

#6

- **In Progress: Inclusion Survey** - How does Gender, Age, disability, race affect AI use and how can we decrease disparities through intentional trainings?
- **Next up: Epic Signal data** - where does each fellow spend the most time: Notes? Inbasket? Chart review?
- **Near future: Training Outcomes Workbooks** coming soon in Epic Signal to evaluate the effect of trainings.

Thank you

- Check out our website or email me any questions!
- C. Alexis Hopkins, NP
  - Neighborhealth APP Fellowship Program
  - FNPResidency@neighborhealth.com or Hopkinsc@neighborhealth.com