

Tales from the Trenches:

AI in action: a small win with a big impact

"Last week, one of our MFM nurse practitioners ran into a familiar wall. Her patient — 32 weeks pregnant, managing gestational diabetes, and working full-time as a school bus driver — needed a continuous glucose monitor. Anyone who's tried to manage GDM with finger sticks alone knows how disruptive it is: four to six checks a day, each one requiring a pause, clean hands, and a few undisturbed minutes. For someone behind the wheel of a bus full of kids on a fixed route, that's not a minor inconvenience — it's often just not possible. She'd been missing checks, and her care team needed better data to keep both her and the baby safe.

So the NP requested a CGM, the device that tracks glucose automatically throughout the day without the need for constant finger sticks. Insurance denied it.

Rather than starting the slow cycle of phone calls, faxed forms, and peer-to-peer reviews that a typical appeal involves, she tried something different. She pulled up OpenEvidence, an AI tool built for looking up clinical evidence, and gave it the specifics of the case: the gestational age, the GDM diagnosis, the patient's occupation and the real-world barrier it created to safe glucose monitoring, and the clinical rationale for why a CGM was medically appropriate here rather than optional convenience. Within moments, it had drafted a prior authorization appeal letter grounded in the actual clinical picture, not a generic template.

She reviewed it, adjusted it to fit the patient's chart, and submitted it. The appeal worked. The denial was reversed, and the patient now has a CGM covered by insurance for the remainder of her pregnancy.

What used to be a 20-to-30-minute writing task, plus days of waiting, turned into something she could turn around the same day. And more importantly, the patient no longer has to choose between doing her job safely and keeping her glucose data on track for the rest of her pregnancy.

It's a good reminder of what "AI in the clinic" often looks like in practice: not something flashy, just a tool that clears an administrative bottleneck fast enough that the care team can stay focused on the patient instead of the paperwork."

Apply in Practice

A prompt to improve your writing when using an LLM based on George Orwell's writing tricks for prose

[Link to Prompt](#)

Important summary from JAMA editors regarding guidance of use of AI in medical research

Table. JAMA Network Journals Guidance for Acceptable Use of AI		
Use type	Acceptable use?	Comment
Research	Yes, provided the use is fully described in the Methods section and reporting guidance is followed and authors take full responsibility for all content	See detailed guidance in the Editorial by Flanagin et al ¹²
Processing AI-generated data as if it were original research from non-AI sources	No	
Literature search	Yes, provided the use is fully described in the Methods section for reports of research and the Acknowledgment section for other types of manuscripts and that authors check for accuracy and take full responsibility for all content	
Manuscript preparation	Yes, provided the use is fully described in the Acknowledgment section and authors check for accuracy and take full responsibility for all content	See detailed guidance in the Editorial by Flanagin et al ¹² and the Box
Checking grammar or spelling	Yes	No disclosure needed
Translation	Yes, provided the use is fully described in the Acknowledgment section and authors check for accuracy and take full responsibility for all content	Be aware of risk of entering content into public translation solutions
Drafting letters and online Comments	No	Human insights are prioritized
Drafting Opinion manuscripts	No	Human insights are prioritized
Bibliographic references	Discouraged	AI tools may cause problems with the accuracy and integrity of cited references; standard reference managers may be used instead
Formatting data or graphic visualization of research data or results	Yes, provided the use is fully described in the figure legend and authors check for accuracy and take full responsibility for all content	
Clinical images and illustrations	No	
Clinical video and audio	No	
Peer review	No	Entering an author's manuscript or the reviewer's summary of the manuscript into an external AI tool or LLM is a violation of confidentiality
Author response to peer reviewer and editor comments	No	Author's insights are prioritized

Abbreviations: AI, artificial intelligence; LLM, large language model.

[Link to Article](#)

Interesting editorial on AI and FHR tracings

Artificial intelligence and the future of fetal heart rate monitoring

Martin G. Frasch, MD, PhD, Mark I. Evans, MD, and Philip J. Steer, MD

Conditions and Diseases March 7, 2026

[Link to Article](#)

Evaluate the Tools

OpenEvidence update

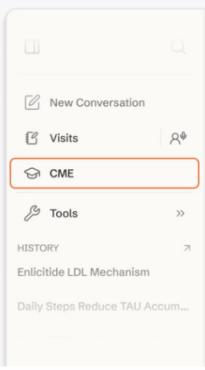
We are all using OpenEvidence, but 2 important updates from them:

OpenEvidence Education Platform
CME and MOC are now available and for free; earn AMA Cat 1 credits
Available to all NPI-verified clinicians.

[Link to OpenEvidence](#)

CME and MOC are now available **for free** on OpenEvidence

Verified NPI users can now earn **AMA PRA Category 1 Credits™** and Maintenance of Certification (MOC) for select certifying boards.

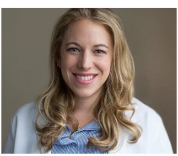
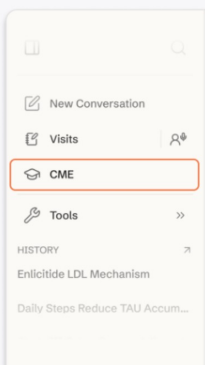


Patient Take-Homes

- A way to share specific, curated clinical evidence with your patients, by converting OpenEvidence answers into patient handouts
- Summarize and simplify the evidence to the reading level you choose for your patient, and steer the content based on your instructions, OR
- Share the OpenEvidence answer verbatim
- Your patient can receive a secure link by email to "OpenEvidence TakeHome" where they can read their Take-Home
- On TakeHome, patients cannot ask their own questions; they are only able to see the content you curate for them.
- To create a Take-Home, press "Send" at the top of an answer.

CME and MOC are now available **for free** on OpenEvidence

Verified NPI users can now earn **AMA PRA Category 1 Credits™** and Maintenance of Certification (MOC) for select certifying boards.



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Contributor

Contact Us

Email us for any comments/questions or if you would like to contribute to our next newsletter!

[Email Us Here](#)

Upcoming Conferences:

November 10-13, Renaissance Orlando at Seaworld

AI-Med26 is the premier meeting where the brightest minds in artificial intelligence and medicine converge to shape the future of healthcare.

[AI-Med26](#)

January 15-17, Nashville, TN

Geared heavily toward imaging, focusing on how AI-driven automated tools assist sonographers and physicians with structural anomalies and fetal echo imaging. This event offers 18.5 AMA PRA Category 1 / Cognitive Credits. Agenda details are on the [World Class CME platform](#).

[Advanced OB-GYN Ultrasound Symposium in Music City 2027](#)

Save the Date for Spring 2027 (Prior event: April 30, 2026), Pittsburg, PA

Co-hosted by Magee-Womens Research Institute, Carnegie Mellon University, and the Allegheny Health Network. It bridges physical and mental health AI applications for women, including fetal monitoring and reproductive biology. Future schedules can be tracked on the [Magee-Womens Research Institute events page](#)

[AI and Women's Health Symposium](#)