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Elevate value in neck ultrasonography to a next level

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We thank the authors for submitting their letter showing interest in our article "Radiologist-patient consultation of imaging findings after neck ultrasonography". Thanks to technological advances, proven value in countless settings, and increased availability of medical imaging to healthcare providers, the specialty of radiology has moved to the center of clinical medicine. Not surprisingly, the number of medical imaging procedures has increased considerably over the years, ² and this also applies to the complexity of many individual imaging examinations.³ However, the radiologist workforce has not experienced a similar growth, which can be attributed to declining medical imaging reimbursements. 4 Clinical productivity (i.e. the number of examinations that are performed and reported) is still one of the main motives for radiology departments and hospitals because it determines the amount of income. However, this contradicts the concept of value-based healthcare, which incentivizes healthcare professionals to focus on the quality rather than the quantity of medical services provided.

In our study, we were able to show that a rather small effort (i.e. informing patients of their neck ultrasonography findings) decreases patient anxiety, is desired by most patients, and does not significantly increase total examination time when a radiologist is also the one who performs the ultrasonography. As correctly pointed out by the authors of the letter, this practice increases the visibility of the radiologist and adds humanism to patient care. It can also be rewarding to the radiologist to be of direct significance to the patient, rather than treating the examination with the person that is being examined like a product on an assembly line. We also agree with the authors who submitted their letter to the editors that further research is needed into how the communication with the patient can be optimized, and how such a radiologist-patient communication may perhaps replace imaging reports that

patients can read online but that may be misunderstood and cause anxiety when not explained by a physician. Another important topic that needs further investigation is whether or not some patients can skip their consultation with their referring physician after a negative neck US examination, in particular when negative imaging findings would imply no further diagnostics or treatment. Such a concept would both add value and lower costs, and would elevate value-based radiology in this context to a next level.

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Declaration of competing interest

None (all authors).

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