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The above letter was referred to the author of the article in question, who offers the following reply.

## Response: Re: Physician Burnout and Higher Clinic Capacity to Address Patients' Social Needs

*To the Editor:* We thank Ingerick and Iuga for their interest in our work on provider burnout.<sup>1</sup> Our findings suggested that family physicians working in clinical settings equipped to address patients' social risk factors had lower odds of reporting burnout symptoms. The results highlight an underexplored rationale for bolstering clinic-based social services: these services may decrease clinician burnout. Clinic-level strategies to collect and respond to social risk data—and the multi-level impacts of these strategies—should be the focus of future research.

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*To see this article online, please go to: <http://jabfm.org/content/32/5/000.full>.*

## Reference

1. De Marchis EH, Knox M, Hessler D, et al. Perceived clinic capacity to address patients' social needs and family physician burnout. *J Am Board Fam Med* 2018;32:69–78.

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## Re: Signs and Symptoms That Rule Out Community-Acquired Pneumonia in Outpatient Adults: A Systematic Review and Meta-Analysis

*To the Editor:* Dr. Marchello et al<sup>1</sup> make an important contribution to clinical medicine and patient care by creating evidence for how to combine key clinical findings to confidently position the possibility of pneumonia in adults further down in the differential diagnosis in patients with

acute respiratory illness. Although their findings seem to ring true from clinical experience, their clinical tool requires prospective validation per the authors.

While most family physicians currently do not have point-of-care ultrasound (POCUS), the majority will in the future. Use of pocket ultrasound is becoming common among medical students, training in family medicine residencies is increasing, and POCUS continued medical education training is very accessible. Point-of-care lung ultrasound (POCLUS) is more reliable than a chest radiograph to rule in or rule out pneumonia in adults and children.<sup>2,3,4,5</sup> The author's suggested future prospective research might also include a research arm to evaluate the potential additive benefit of combining POCLUS with their clinical decision-making tool.

Respectfully submitted,

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*To see this article online, please go to: <http://jabfm.org/content/32/5/000.full>.*

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The above letter was referred to the author of the article in question, who offers the following reply.

## Response: Re: Signs and Symptoms That Rule Out Community-Acquired Pneumonia in Outpatient Adults: A Systematic Review and Meta-Analysis

*To the Editor:* We thank Dr. Kazal for the comment on our publication “Signs and Symptoms That Rule out Community-Acquired Pneumonia in Outpatient Adults: A Systematic Review and Meta-Analysis.”<sup>1</sup> Not only is lung ultrasonography a possible alternative to chest radiography (CXR) for the diagnosis of community-acquired pneumo-