ACP does not support QPP measure 398: "Optimal Asthma Control." Clinicians often underestimate the extent to which asthma affects quality of life and implementation of the measure will likely prevent overuse of emergency department services to treat acute disease exacerbations; however, measure developers did not cite any evidence to form the basis of the measure. Additionally, it is difficult to navigate the measure specifications and it is unnecessarily burdensome for clinicians to report on the six components of asthma control included in the numerator specifications. Furthermore, the measure is not risk-adjusted for disease severity and socioeconomic status and could therefore penalize clinicians who care for sicker patients. Clinicians who treat severely affected populations may incur financial penalties which could worsen health disparities by penalizing safety-net hospitals and institutions with lower socioeconomic status patients. It is especially important to adjust for socioeconomic status in asthma patients because high co-pays for controller inhaled medications are a potential barrier to medication adherence for these patients. Additionally, while it is burdensome to perform the Asthma Control Test (ACT), it is best practice. However, the ACT is a proprietary assessment tool and therefore, clinicians may encounter.