ACP supports QPP measure 113: "Colorectal Cancer Screening" because it represents an important clinical concept and reflects the importance of shared decision-making when selecting a screening test. While we support this measure, as currently specified, it is a crude translation of the guideline recommendations into a performance measure. The developer should update the measure specifications to align with current clinical recommendations on colorectal cancer screening. Specifically, numerator specifications could be more robust and should include the option for clinicians to document emerging cancer screening tests (e.g., stool FIT-DNA, CT colonography). Additionally, measure specifications do not include appropriate exclusion criteria and could promote overuse of screening in patients where the benefits do not outweigh the risk of harms. A better measure would include exclusion criteria for patients diagnosed with dementia, patients with limited life expectancy, patients with advanced comorbidities, and patient refusal. Furthermore, we suggest the developers revise the measure specifications to include some element of risk-adjustment to determine whether the screening benefits outweigh the potential harms.