ACP does not support MIPS measure #374: “Closing the Referral Loop: Receipt of the Specialist Report.” This measure represents an important clinical concept; however, implementation may lead to an unintended consequence of encouraging unnecessary care. Also, we note several suggestions for the developers to consider when they submit the measure to NQF for re-endorsement. The specifications are not well defined and should include an evidence-based time interval and some element of risk-adjustment. Additionally, developers do not cite any evidence to form the basis of the measure. Furthermore, the outcome is based on the level of integration of the participating information system rather than on how well the individual clinician tracks the referral. Information can appear to be 100% transmitted in a well-integrated system, whereas an independent practice network does not generate this data trail as a byproduct of its work. Additionally, it is not necessary for clinicians to close all referral loops. For instance, clinicians may refer a patient to a disease specialist for a condition that resolves prior to their appointment date. Also, depending on the urgency to complete the referral within a given time frame, the patient may not see the specialist within the measurement period. In this case, the referring clinician would fail the measure. Lastly, the burgeoning use of electronic health records (EHRs) will make this measure become far less relevant in the next several years. This is an important health-IT measure for improving care coordination; however, there is less evidence that this measure will improve care if it is implemented at the individual clinician level.