ACP does not support QPP measure 261: "Referral to Otologic Evaluation for Patients with Acute or Chronic Dizziness." While implementation may prevent inappropriate medical management of chronic dizziness by audiologists, we encourage developers to consider several issues during the update process that could affect the measure quality. First, developers should describe performance rates in the updated measure report. We cannot estimate the potential for clinical impact based on the current information provided by the measure developers. Second, developers should consider the potential for this measure to generate inappropriate referrals for otologic evaluations. Third, developers should consider including some element of risk-adjustment in the updated measure specifications. Finally, developers should consider revising the numerator specifications to identify a more manageable age range (currently aged birth and older). While this measure is appropriate to assess the performance of clinicians who specialize in treating chronic dizziness (e.g., ENTS, neurologists), it may be an inappropriate accountability measure for general internists.