ACP does not support QPP measure 370: "Depression Remission at Twelve Months." While this measure represents an important clinical concept and we support the development of patient reported outcome measures, this measure does not account for individual starting points for each patient and there is a lack of high-quality evidence to support the 12 month (+/- 30 days) time interval. The threshold of reaching a specific PHQ-9 score (<5) is arbitrary and does not take into account the individual starting points for each patient. For example, a reduction from 10 to 5 can be considered as less progress than a reduction from a 25 to 6; however, this measure would reward the former and penalize the latter. The measure may unfairly penalize clinicians caring for severely depressed patients for their inability to satisfy the measure requirements and as such, this measure may encourage clinicians to over treat patients for major depressive disorder. Clinical trials demonstrate that even with effective medical management of major depressive disorder, many patients are unable to achieve a PHQ-9 score of <5. The measure should be adequately specified to account for individual starting points for each patient. Furthermore, we note several issues with the measure specifications. The PHQ-9 is not necessarily the best tool to track patient remission. Developers should consider revising the denominator specifications to include additional depression remission tracking tools. Furthermore, we suggest the measure specifications exclude patients with dementia or severe cognitive impairments and patients permanently residing in nursing homes. We would be amenable to using this measure as a tracking mechanism, but oppose any linkage to performance and payment.