ACP does not support QPP measure 371: "Utilization of the PHQ-9 Tool." It is clinically important for clinicians who treat patients diagnosed with on-going depression to assess for depression remission on an appropriate time interval. Also, implementation of this measure could lead to the development of an accurate outcome measure by determining well validated levels of depression severity. However, there is insufficient evidence to support the 4 month time interval specified in the denominator. It is unclear whether the 4 month measurement period refers to one measurement within a 4 month period, or every 4 months for patients with an on-going disease diagnosis. We assume the measure intends to encourage reassessment every 4 months for patients with chronic disease; however, we cannot assume that reporting clinicians will interpret the measure as such. Furthermore, evidence supports utilization of the PHQ-9 tool for monitoring the treatment progress in patients with depression, but many clinicians utilize additional remission screening tools that are equally as effective as the PHQ-9. The measure intends to assess performance at the system level. While this measure may appropriately assess the performance of mental health practitioners (e.g., psychiatrist), it may be an inappropriate accountability measure for primary care clinicians. Primary care clinicians may encounter interoperability barriers to accessing patient information necessary to satisfy the measure requirements (e.g., subspecialist reports).