ACP does not support QPP measure 411: "Depression Remission at Six Months." While this is an important clinical concept and we support the development of patient reported outcome measures, there is a lack of high-quality evidence to support the 6 month (+/- 30 days) time interval included in the numerator specifications and 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. 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 may penalize clinicians caring for severely depressed patients for their inability to satisfy measure requirements and as such, this measure may encourage clinicians to over treat patients for major depressive disorder. The developers should consider revising the specifications to include risk adjustment to account for individual starting points for each patient. Furthermore, the PHQ-9 is not necessarily the best tool to track patient remission. Developers should consider revising denominator specifications to include additional depression remission tracking tools. Lastly, we suggest the measure specifications exclude patients with dementia or severe cognitive impairments and patients permanently residing in nursing homes.