ACP does not support NQF measure #0575: “Comprehensive Diabetes Care: Hemoglobin A1c Control (<8%).” This is a high impact measure that addresses an important performance gap; however, the specifications do not align with the ACP guidance statement on HbA1c targets for glycemic control. ACP recommends clinicians personalize goals for glycemic control in patients with type 2 diabetes on the basis of a discussion of benefits and harms of pharmacotherapy, patients’ preferences, patients’ general health and life expectancy, treatment burden, and costs of care. Additionally, implementation could promote overuse of treatment and concurrent hypoglycemia. Furthermore, the threshold of reaching a specific HbA1c does not take into account the individual starting points for each patient. While 8% is an appropriate HbA1c target for some patients, the performance threshold for this measure should not be 100%. Also, implementation could discourage clinicians from treating lower socioeconomic status (SES) patients. Developers should consider adding some element of risk adjustment, which would increase the utility of the measure for individual clinicians. While we support implementation of this measure to address population health concerns where large sample sizes will generate accurate results, this measure will not perform well at the individual clinician-level. The outcome relies heavily on patient adherence and while clinicians influence adherence to an extent, other factors beyond the clinicians control could unfairly penalize clinicians who treat lower SES patient populations. A more meaningful measure for individual clinicians may address appropriate management of diabetic patients with poor glycemic control.