ACP does not support MIPS measures #154, 155, and 318 (NQF measure #0101): “Falls: Screening, Risk-Assessment, and Plan of care to Prevent Future Falls.” This measure represents an important clinical concept and clinicians should screen for falls in patients who are at risk of falling; however, it is unclear whether implementation will lead to meaningful improvements in clinical outcomes. Developers should consider revising the denominator specifications to include only those patients who are at high-risk of falling. As currently specified, implementation could promote overuse of low-value services in low-risk adults aged 65 years and older. Clinicians should individualize the plan of care and the care plan should be less prescriptive to account for individual patient requirements. Furthermore, the data collection burden associated with the multiple measure components is high and data elements seem unlikely to capture how well the service was performed. The measure relies heavily on CPT-II codes which are not widely used. Commercial electronic health records (EHRs) are not designed to capture these codes in routine work flow. Also, developers should consider updating the specifications to reflect the most current clinical recommendations of the United States Preventive Task Force (USPSTF). The USPSTF does not support inclusion of vitamin D supplementation in falls prevention management programs. Additionally, the evidence-base for what clearly defines best practice is complex. Lastly, while the numerator is clearly defined, it is complicated with variable validity and the components of the risk assessment model are not clearly defined.