ACP does not support QPP measure 181: "Elder Maltreatment Screen and Follow-Up." While the problem of inadequately addressed elder abuse makes the case for better research to identify high-risk patients and effective interventions targeted at high-risk adults, implementation could promote overuse of unnecessary, elder services referrals and potentially fracture relationships between clinicians and their patients. Additionally, the measure does not align with United States Preventive Task Force (USPSTF) recommendations on abuse of elderly and vulnerable adults. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly adults for abuse. Furthermore, the measure specifications are unclear. Developers should consider revising the numerator specifications to clearly define “high risk” as some way other than age (e.g., cognitive impairment, functional impairment). Moreover, the numerator details specify an overly prescriptive screening process. It may be clinically inappropriate to screen all patients over the age of 65 for elder abuse. Developers should consider revising the measure to specifically encourage screening in patients who are dependent on a caregiver or who are otherwise at risk for abuse. It is unnecessarily burdensome for physicians to document maltreatment screening for all patients aged 65 years and older at every visit. Finally, the measure requires clinicians to assess for maltreatment using a screening tool even when abuse may be readily apparent.