ACP supports NQF measure #1716: “National Healthcare Safety Network Facility-Wide Inpatient Hospital Onset MRSA Bacteremia Outcome.” Implementation will lead to meaningful improvements in clinical outcomes in areas where hospital-onset MRSA rates are high. While there is insufficient evidence to support the benefit of reporting MRSA rates on bacteremia outcomes, this measure aims to assess performance at the level of the facility and the region (state). We note that the opportunity for improvement will vary by facility and region. While this measure is appropriately specified for implementation at the facility- and population-levels of analysis, it is not appropriately specified to evaluate the performance of individual clinicians. Also, while we support inclusion of a risk-adjustment model to produce stable estimates, it is unclear why “medical school affiliation” is included as a component of the risk-adjustment model. Poorly performing hospitals should aim to improve performance rates, regardless of medical school affiliation. Instead, abstractors should stratify results by medical school affiliation to demonstrate meaningful differences in clinical outcomes across institutions. This may encourage low-performers to implement quality improvement efforts that will improve MRSA rates and lead to meaningful improvements in clinical outcomes.