ACP does not support NQF measure #2720: “National Healthcare Safety Network Antimicrobial Use Measure.” This measure represents an important clinical concept; however, the specifications are flawed and the benefit of measuring antibiotic use on improvements in clinical outcomes is unclear. Developers note that the measure is not ready for accountability purposes in the NQF-submission materials. Furthermore, it is unclear why the risk-adjustment model includes facility-level characteristics. Poorly performing hospitals should aim to improve performance rates, regardless of medical school affiliation or ICU size. Instead, abstractors should stratify results by these characteristics to demonstrate meaningful differences in clinical outcomes across institutions. Also, it is unclear whether the benefits of measuring antibiotic days outweigh the potential harms. Measuring antibiotic use without regard to indication could promote premature discontinuation of antibiotic therapy or encourage clinicians to withhold treatment all together. Coupling this information to specific diagnosis related groups (DRGs) may be more beneficial. A stronger measure may target specific diagnoses for focused interventions to curb overuse.