ACP does not support NQF measure #2602: “Controlling High Blood Pressure for People with Serious Mental Illness” because the specifications are flawed and the measure is not based on the most current recommendations of the United States Preventive Services Task Force (USPSTF) and the American Heart Association (AHA) on blood pressure monitoring. Developers do not cite any information to validate the importance of implementing a “blood pressure control” measure to specifically target patients who are diagnosed with serious mental illness. Furthermore, the numerator specifies office screening as the preferred monitoring method, while the USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment. Therefore, implementation could promote overuse of pharmacotherapy in patients whose blood pressure is adequately controlled in the ambulatory setting. We suggest developers update the numerator specifications to include an average of several measurements. Doing so will likely increase the accuracy of the measurement results and reduce the potential for overtreatment. Furthermore, this measure will not reward clinicians who help patients reduce blood pressure measurements outside of the parameters specified in the numerator. For example, clinicians who help patients reduce systolic blood pressure measurements from 180 mmHg to 145 mmHg will not receive credit for this measure. Also, the specifications should include some element of risk-adjustment. Treatment success will likely be confounded by the mental illness. This measure is specified to evaluate performance at the system-level of analysis and variations in assessment skills according to specialty and clinical expertise may produce unstable estimates. Finally, implementation at the individual clinical level of analysis poses significant provider burden because blood pressure data and mental health data may exist in separate medical records.