ACP does not support QPP measure 317: "Screening for High Blood Pressure and Follow-Up Documented." While we support the measure concept, the measure developers should update the measure specifications to align with current Joint National Committee-8 (JNC-8), United States Preventive Services Task Force (USPSTF), and American College of Physicians (ACP) clinical recommendations on blood pressure screening and management. JNC-8 and ACP recommend initiating treatment for patients without comorbid diseases and blood pressure measurements of 150/90 mm/Hg or greater. The USPSTF recommends annual screening for patients who are at increased risk for high blood pressure (i.e., > 40 y.o., African Americans, those who have high normal BP, and those who are overweight). Also, the USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment. Variations in blood pressure assessment (e.g., clinical skill level of the clinician assessing the BP, office setting) may contribute to inadequate readings and result in inappropriate BP management. Additionally, the denominator specifications should include exclusion criteria for patients with medical contraindications to treatment (e.g., frail, elderly adults, patients with life limiting diagnoses).