ACP does not support QPP measure 271: "Preventive Care: Corticosteroid Related Iatrogenic Injury--Bone Loss Assessment." While the measure represents an important clinical concept, measure developers do not cite high-quality evidence to form the basis of the measure and using dxa-scans to assess for risk of bone loss does not necessarily prevent hip fractures in patients prescribed corticosteroid therapy for IBD. Furthermore, implementation could promote overuse of dxa scans and underuse of corticosteroid therapy. The American College of Rheumatology recommends low dose bisphosphonate prophylaxis for patients receiving long-term corticosteroid treatment and alendronate is recommended for patients receiving more than 5 mg of prednisone/day for more than three months. Furthermore, numerator specifications encourage clinicians to screen patients who receive 10 mg/day of prednisone for 60 days, while evidence demonstrates that hip fractures are significantly higher in patients treated with medium steroid doses (2.5-7mg/day) over a duration of time. As written, the numerator could miss patients who are at risk for fracture. Also, it is unclear whether the measure encourages clinicians to screen patients who are currently prescribed prophylactic bisphosphonate therapy for risk of bone loss, which may not be clinically necessary. Lastly, developers should consider revising the numerator specifications to include an evidence-based look-back window for review of medication history. It is burdensome for clinicians to review indefinite data fields for documentation of review of systems and medication history.