ACP supports MIPS measure ID# 112 (NQF ID# 2372): “Breast Cancer Screening” because implementation promotes appropriate use of screening tools, current evidence supports the benefit of biennial screening for women ages 50 to 74 years old, and the measure poses low burden because most health systems have robust networks in place to specifically address this issue. While we support this measure, we note that implementation could promote overuse of screening in patients who are at average risk of developing breast cancer. Also, we note the importance of shared decision-making to weigh the benefits, harms, and patient’s preferences regarding screening tests. Therefore, developers should consider revising the specifications to include exclusion criteria for patient refusal and patients with limited life expectancy. Finally, while this measure represents an important clinical concept, there is less opportunity for improvement for this area as compared to other cancer screening areas where a clear opportunity for improvement exists (e.g., MIPS ID# 113: Colorectal Cancer Screening). Finally, while implementation has demonstrated improvements at the level of the health plan, testing results indicate that this measure has failed to demonstrate improvements in clinical outcomes when applied to the individual clinician level of attribution.