ACP supports MIPS measure ID#117 (NQF ID# 0055): “Diabetes: Eye Exam” because the opportunity for improvement is well documented, developers cite the 2018 clinical recommendations of the American Diabetes Association for the “Standards of Medical Care in Diabetes” to form the basis of the measure, the specifications are well defined, and the denominator includes well specified and clinically appropriate exceptions to eligibility for the measure. While we support this measure, we suggest the developers address the following points during the next review to update the measure. First, implementation could promote overuse because some modeling studies support >2 year screening intervals in patients who have an HbA1c of <7% with normal prior eye exams. Second, we note that while poor interoperability across EHRs poses some data collection burden on clinicians who report this measure, the onus should be on the clinician who is managing the diabetes to ensure that patients who are diagnosed with diabetes are screened for diabetic retinal disease. Finally, we suggest that the developers revise the specifications to include all patients over the age of 18 years, as long as the risk of retinopathy is specified for older patients. The current American Geriatrics Society guidelines support biennial screening for all adults, including for patients who are over the age of 75 years who are at risk for retinopathy.