ACP supports MIPS measure ID# 275: “Inflammatory Bowel Disease: Assessment of Hepatitis B Virus Status before Initiating Anti-Tumor Necrosis Factor Therapy” because implementation will likely lead to measureable and meaningful improvements in clinical outcomes, the level of attribution specified in the measure (individual clinician) is appropriate, the measure addresses an intervention that is under the influence of the clinician being assessed, and the measurement results provide information that will help clinicians to improve care. While we support this measure, we note several concerns that developers should address during the next review to update the measure. First, developers do not cite current performance data and therefore, we cannot assess the opportunity for improvement. Payment and accountability programs have included this measure as an option for reporting for many years and therefore, performance data should exist to demonstrate the opportunity for improvement. Second, developers should present data on the frequency of HBV reactivation with Anti-TNF therapy to demonstrate the opportunity for improvement. Citing case reports is not sufficient to properly document the frequency of reactivation. Third, developers should revise the numerator specifications to precisely define what constitutes a “first course” of therapy. For example, “first course” could mean “first course ever” or, “first course of therapy for the most recent reactivation.” Finally, we note that the documentation requirements pose some burden on the reporting clinician. The one-year look-back window for HBV assessment requires continuity of medical records and a fairly sophisticated review of the claims data/diagnosis codes.