ACP does not support MIPS measure ID# 277: “Sleep Apnea: Severity Assessment at Initial Diagnosis” because implementation poses significant burden with very little yield. Developers do describe the opportunity for improvement in the measure background materials. The apnea hypopnea index (AHI) and the respiratory disturbance index (RDI) are standard tests routinely reported during sleep studies. Furthermore, without a threshold level of abnormality for AHI and RDI, the measure lacks the specification to lead to measureable and meaningful improvements in clinical outcomes. Developers do cite evidence to describe the correlation of an AHI >15 with a higher risk of cardiovascular events, but they fail to note that the best trials of CPAP showed no reduction in cardiovascular event. While this measure represents a good clinical concept, it is purely a reporting measure with limited opportunity for improving clinical outcomes. A more meaningful quality improvement effort may work through other avenues to standardize sleep study conduct and reporting by certifying sleep labs rather than including this concept in payment-level reporting.