ACP does not support MIPS measure ID# 279: “Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy.” While this measure represents an important clinical concept, we note several concerns that the developers should address during the next review to update the measure. First, as currently specified, this measure is subject to gaming and it is unlikely that implementation will lead to measureable and meaningful improvements in clinical outcomes. The exclusion criterion for “patient did not bring card” is inappropriate. For example, if 95% of patients forget to bring the card to their appointment, clinicians can document that the patient forgot to bring the card and achieve a near perfect score on this measure. Furthermore, while obstructive sleep apnea (OSA) is a common condition, developers cite performance data that is based on patient reports for CPAP use as opposed to citing objective data. Second, the numerator and denominator are not clearly defined. It is unclear how clinicians should document an objective measure. For example, should clinicians scan an image of the card and post this image in the chart? Or, should clinicians record actual values to demonstrate the rate of patient adherence? Third, success with this measure relies on patient factors that are beyond the clinician’s control rather than an intervention performed by the clinician in the clinic setting. If health plans adopt this measure to evaluate patient compliance, which could drive improvements in outcomes related to costs, measurement could lead to meaningful and measureable improvements in clinical outcomes. Additionally, measure for assessing whether the reporting clinician works to improve compliance or offers second line therapies in patients who are not compliant with CPAP therapy could lead to meaningful improvements in clinical outcomes.