ACP supports MIPS measure ID# 320 (NQF ID# 0658): “Appropriate Follow-up for Normal Colonoscopy in Average Risk Patients” because implementation will likely promote appropriate use of colonoscopy in average risk patients, developers cite the clinical recommendations of the United States Preventive Services Task Force on “Screening for Colon Cancer” to form the basis of the measure, the measure specifications are well-defined and the denominator includes well specified and clinically appropriate exceptions to eligibility for the measure, and data collection is feasible and the burden is acceptable for clinicians who report this measure. While we support this measure, we note that the developers cite outdated performance data to form the basis of the measure and therefore; we cannot assess the opportunity for improvement. Also, developers should consider revising the verbiage of the numerator specifications from “at least 10 years” to “10 years.” “At least 10 years” implies that it is appropriate for clinicians to recommend a repeat colonoscopy beyond a 10-year interval when 10 years is the only recommended interval for repeat colonoscopy. Finally, while this measure focuses on documentation rather than performing an intervention, it is a good starting point to educate clinicians on their performance compared to their peers. A more meaningful measure may assess how often clinicians perform colonoscopies in average risk patients prior to the recommended follow-up date.