ACP does not support MIPS measure ID# TBD (NQF ID# 3175): “Continuity of Pharmacotherapy for Opioid Use Disorder.” While a strong argument exists for measurement of continuity of OUD pharmacotherapy, the developers present performance data at the levels of the state and plan to describe the opportunity for improvement and we query how impactful this measure could be at the level of the individual clinician. Moreover, attribution is not clearly stated. It is unclear which clinician is accountable for this measure. For example, is it the responsibility of the primary care clinician or the clinician who prescribes the medication-assisted therapy (MAT) to ensure that patients adhere to therapy for a period of 180 continuous days? Furthermore, we are not sure that the “individual clinician” is an appropriate unit of analysis for this measure. The discontinuity of Suboxone, Subtex, and methadone is rarely, if at all, under the influence of the individual clinician. Furthermore, while evidence suggests the benefit of pharmacotherapy for a period of 180 days on clinical outcomes in patients with OUD is high, the underlying assumption that clinicians can convince opioid-dependent patients to abstain from opioid use for an extended period is questionable. The statistical results for success at the state level are low (median success = ~25%). Finally, the total number of eligible patients is relatively small (<1000 patients per state in the most recent data presented), which could be problematic when adjusting for individual clinician level assessment. As OUD pharmacotherapy increases, this may become less of an issue. Finally, insurance type often drives patient adherence and therefore, developers should consider revising the specifications to include some element of risk adjustment.