ACP does not support QPP measure 048: "Urinary Incontinence: Assessment of Presence or Absence of UI in Women Aged 65 Years and Older." Measure developers cite a performance gap, treatments exist to create meaningful improvements in clinical outcomes/quality of life, and the benefits of reducing the patient disease burden outweigh the clinician measurement burden. However, there is insufficient evidence to support the benefit of screening for UI in asymptomatic patients on clinical outcomes and developers should consider including exclusion criteria for patients who refuse screening services. Additionally, it is unnecessarily burdensome for clinicians to screen for UI in all female patients aged 65 years and older. Clinicians should screen patients with primary complaints of UI and implement evidence-based interventions that are likely to result in meaningful improvements in clinical outcomes. This is a meaningful clinical concept, but it is not an appropriate measure of accountability. Lastly, this measure appropriately assesses quality performance at the system level where screening results and UI care plans are automatically generated within the electronic system, while individual clinicians may encounter interoperability barriers to data access.