ACP supports QPP measure 444: “Medication Management for People with Asthma” because implementation may promote patient adherence to prescribed controller medication therapy and a 50% medication compliance rate is an achievable threshold. Clinicians are well aware of medication adherence issues in patients with asthma and underuse of controller medication therapy is clearly a problem. While we support this measure, we encourage developers to consider several issues that decrease the measure quality. First, we cannot estimate the clinical impact of the measure on quality outcomes because developers do not cite a performance gap. A more meaningful measure may promote appropriate use of controller medication therapy in patients who were not previously prescribed therapy during the measurement year. Second, the measure developers do not cite any evidence to support the Percentage of Days Covered (PDC) threshold. However, we support the <100% PDC threshold to appropriately account for patient adherence issues. Third, the measure is not risk-adjusted for disease severity or socioeconomic status and implementation could unfairly penalize clinicians who treat patients with cost barriers to medication access. Fourth, while denominator specifications include appropriate exclusion criteria for patients with controlled asthma who sparingly use controller medications to alleviate symptoms related to common pulmonary infections (e.g., viral cold, bronchitis), the numerator should clearly specify an appropriate asthma controller medication list. Fifth, the measure could unfairly penalize clinicians who encounter interoperability barriers to data retrieval. Sixth, the measure uses pharmacy data to track medication adherence. However, lower socioeconomic status patients encounter cost barriers to medication access and clinicians often supply sample medications to improve patient adherence. Pharmacy data may not capture sample medication distribution. Finally, the measure intends to assess quality performance at the system level. While it is feasible for health plans to identify the denominator population within system-wide, interoperable information systems, individual clinicians may encounter interoperability barriers to data retrieval.