ACP supports QPP measure 006: "Coronary Artery Disease: Antiplatelet Therapy" because it is clinically important for clinicians to prescribe anti-platelet therapy to patients with CAD and a performance gap exists. Additionally, the measure is reasonably specified. As written, specifications limit the potential for unintended consequences by excluding patients who currently receive warfarin therapy. While strong evidence exists to form the basis of the measure, the evidence base would benefit from re-evaluation as data surfaces on the benefits and risks of aspirin therapy in patients who are already prescribed warfarin therapy. The European Cardiology Society and the American College of Cardiology have divergent recommendations on this area. Lastly, while feasibility of data collection and implementation burden is appropriate, it may be difficult for clinicians to capture over the counter aspirin use unless explicitly stated by the patient.