ACP supports QPP measure 007: "Coronary Artery Disease: Beta-Blocker Therapy--Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction (LVEF < 40%)" because a performance gap exists and the measure represents an important and highly beneficial clinical concept. Additionally, measure specifications include appropriate exclusion criteria for documentation of medical, patient, or system reason for not prescribing beta-blocker therapy. However, skepticism exists surrounding consistency across operating systems to include all billing codes for appropriate exclusion criteria. Furthermore, while the measure is based on clinical recommendations of the ACCF/AHA/ACP/AATS/PCNA/SCAI/STS guideline for the diagnosis and management of patients with stable ischemic heart disease, there is some question surrounding the need for continued beta-blocker therapy for three years in low-risk patients in the contemporary era of revascularization. Lastly, while the myocardial infarction (MI) look-back period is limited to those occurring within the past 3 years, the measure specifications do not limit the “documentation of prior LVEF <40%” look-back period. It is unnecessarily burdensome for clinicians to look at all LVEF assessments in a complete patient history. Developers should consider revising the specifications to limit the look-back window and exclude patients with a normal LVEF without history of LVSD.