ACP supports QPP measure 204: "Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet" because implementation will likely lead to meaningful and measurable improvements in clinical outcomes and promote appropriate use of antiplatelet therapy in patients with IVD. Furthermore, measure specifications include appropriate exclusion criteria for patients with documented use of anticoagulant medications during the measurement year. While the measure does not exclude patients who are at risk for gastrointestinal (GI) bleeding, the American Gastrointestinal Association recommends continuation of antiplatelet therapy despite diagnosis of GI bleed because treatment benefits (e.g., preventing myocardial infarction and mortality risk) outweigh the associated risks of harms. We note that it may be difficult for clinicians to capture patients prescribed over the counter aspirin therapy.