missed opportunities, it is important to identify which neurologic conditions carry the highest prevalence of comorbid hypertension and which are primarily managed by neurologists rather than primary care physicians. Further understanding of patient and physician preferences for successfully managing hypertension is also needed. While in Estol’s particular health system hypertension was more successfully managed by neurologists than primary care physicians, evidence also suggests that large-scale hypertension interventions involving nursing and pharmacy staff can be highly successful and adapted to varied practice settings.3-4 We recognize that one size does not fit all but hope that over time health care systems will recognize the importance of studying and successfully implementing novel, individualized hypertension management strategies.

John Betjemann, MD
J. Claude Hemphill III, MD, MAS
Urmimala Sarkar, MD, MPH

Author Affiliations: Department of Neurology, University of California, San Francisco, San Francisco (Betjemann, Hemphill); Web Editor, JAMA Neurology (Betjemann); Zuckerberg San Francisco General Hospital, Division of General Internal Medicine and Center for Vulnerable Populations, University of California, San Francisco, San Francisco (Sarkar).

Corresponding Author: John Betjemann, MD, Zuckerberg San Francisco General Hospital, Department of Neurology, University of California, San Francisco, 1001 Potrero Ave, Bldg 1, Room 101, San Francisco, CA 94110 (john.betjemann@ucsf.edu).

Published Online: March 2, 2020. doi:10.1001/jamaneurol.2020.0083

Conflict of Interest Disclosures: Dr Betjemann received personal compensation from JAMA Neurology that is not associated with this work as well as payment from the National Football League to serve as an unaffiliated neurotrauma consultant and consulting fees from Marinus Pharmaceuticals. No other disclosures were reported.