



DEALING WITH “COMPETITION”

Before you go sizing up the other optometric practices in your community, ask yourself how you might be able to complement and benefit one another.



BY ADA NOH, OD, AND SHELBY BROGDON, OD

Competition. What does it mean in the profession of optometry? On the industry side, the term makes sense when we relate it to two or more companies manufacturing similar products or drugs, vying to be the number-one choice of eye care professionals. But on the professional, or clinical, side, is there even a need to use the word? It's not like optometric practices are anything like convenience stores, which go to war with each other when a new one crops up blocks away from an existing shop. After all, optometrists

are eye care professionals who keep the best interests of their patients in mind.

In this article, we share the story of how we met (our practices are ~3 miles apart; Figure 1) and how we ended up forming a friendship in which we complement each other and play off each other's strengths.

DRY EYE NEEDS IN LITTLE ROCK: THEN AND NOW

When I (SB) started practicing optometry just 6 years ago, the thought of leading dry eye services in a large OD-MD practice was not on

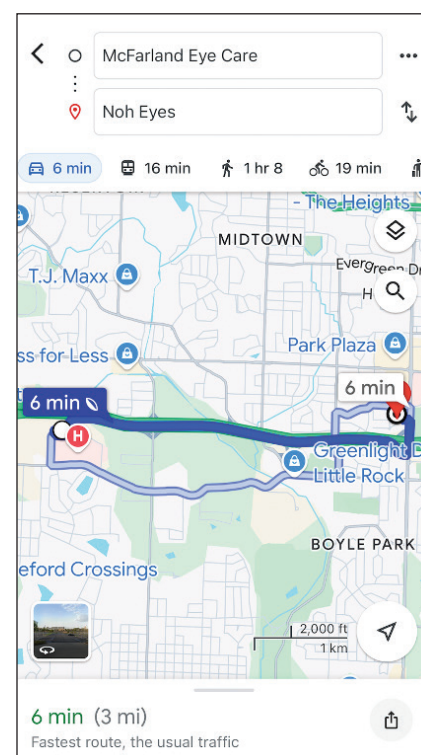


Figure 1. Google Maps shows the distance between McFarland Eye Care and Noh Eyes.

my radar. At the time, no one in our area was even talking about dry eye. After spending 2 years in a family-owned private practice, I switched gears to medical optometry and joined McFarland Eye Care in Little Rock, Arkansas. This is when I noticed the need for dry eye services in our practice. Mike McFarland, MD, himself encouraged me to start working with patients to optimize their ocular

surface prior to cataract surgery.

Back then, we had only the LipiFlow Thermal Pulsation System (Johnson & Johnson Vision) and BlephEx (BlephEx), which we inherited in the purchase of another practice, and we used these, along with other conventional therapies (eg, prescription drops/ointments and heat masks) to treat our patients with dry eye. Around this same time, I was informed that a new “dry eye-only doctor” was moving to town to open up a private practice. My first thought was whether such a practice could really work in Little Rock. My second thought was one of excitement to meet this doctor.

I met Dr. Noh at a local Arkansas Optometric Association meeting, and we immediately hit it off. She picked my brain about the local scene, and we talked about all things ocular surface, including her plan to set up her practice and what technology she would bring in. I was looking forward

to having someone so close by to collaborate with and learn from.

AN OPPORTUNITY TO LEARN FROM ONE ANOTHER

Meeting Dr. Brogdon and collaborating with her has been an absolute pleasure for me (AN). Growing up in the area and returning to practice in Little Rock has made her a prominent figure in the Arkansas optometric community. We have similar personality types and are both forward thinkers. We are willing to get our hands wet and push optometry forward. This has been foundational in our respect for each other. As such, before Dr. Brogdon invested in additional dry eye technology, I welcomed her to my office, Noh Eyes, for some hands-on experience with the brand of intense pulsed light therapy I use. I also shared protocols and patient management tips and provided ideas on clinical cases and business ideas. As the saying goes, “A

rising tide lifts all boats.” We’re not in this profession to “one-up” the practices around us; we do what we do to improve the visual health of the patients in our communities.

Spending time with Dr. Noh in her office has allowed me (SB) to make better decisions about which devices to purchase and enabled me to launch them with great success because I was well-prepared to use them. I also came away with some great ideas on practice implementation. My dry eye services have expanded to now include intense pulsed light therapy, radiofrequency, low-level light therapy, Zocular Eyelid System Treatment (ZEST; Zocular), and the Rinsada irrigating lid retractor (Rinsada).

ALL PROS, NO CONS

Because Dr. Brogdon works at a prominent OD-MD practice in central Arkansas, she is often visited by representatives in the dry eye industry. It has been such a blessing for me (AN) to have her mention my newer, lesser-known office to these reps. I firmly believe I would have no reps to service my office if it wasn’t for her.

Dr. Brogdon and I also refer patients back and forth. My office has a select list of medical insurances we are in-network with. If a patient inquires about a provider that is out-of-network, I happily refer them to Dr. Brogdon. As my clinic does not offer any other optometric services besides dry eye treatment, I also refer primary care and ocular disease management patients to Dr. Brogdon.

I (SB) do not offer autologous serum tears, so I refer patients who are good candidates and are interested in the treatment to Dr. Noh. We frequently consult each other on patient outcomes and discuss new technologies and medications that are hitting the market and talk about how we are implementing these treatment options in our practices. Through all these interactions,

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Figure 2. Dr. Brogdon (left) and Dr. Noh (right) met up at the MOD Live 2024 meeting in Nashville, Tennessee.

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STOP, COLLABORATE, AND LISTEN

Just because another practice opens up near yours doesn't mean it's time to panic and start turf wars. Little Rock is a small town with

a population of about 200,000.¹

Dr. Brogdon and I have found ways to not only tolerate each other, but also actually work together collaboratively. We challenge you to find opportunities to work with your colleagues, rather than consider them competition. Who knows, it may even spark a friendship (Figure 2)! ■

1. Little Rock city, Arkansas. United States Census Bureau. Accessed October 16, 2024. https://data.census.gov/profile/Little_Rock_city,_Arkansas?g=160XX00US0541000

ADA NOH, OD

- Owner and Optometrist, Noh Eyes, Little Rock, Arkansas
- dr.adanoh@gmail.com; Instagram @noh_eyes
- Financial disclosure: None

SHELBY BROGDON, OD

- Director of Dry Eye Services, McFarland Eye Care, Little Rock, Arkansas
- sbrogdon@mcfarlandeye.com; Instagram @eyebrogdoc
- Financial disclosure: None