



WILLIAM F.

WILLEY
MD



BMC: Who or what drew you to ophthalmology?

WILLIAM F. WILEY, MD: I grew up in an ophthalmology family. My father was an ophthalmologist, and living in a household with that exposure to the field was a big influence. There are several legacy ophthalmologists in practice now. Part of this is that ophthalmology provides a nice lifestyle, and the other part is that it's an innovative field with constant introduction of new technologies. Ophthalmologists tend to be happy with their career choices, and

toward things that they understand or excel at, so that was part of it, too, for me.

BMC: How did your father's career influence yours?

WILEY: The way he practiced ophthalmology was reflective of my own interests. He was early into refractive surgery, a field that gained popularity in the late 1980s into the '90s. He was the first in our region to do RK. Actually, I'm a patient of RK: I had it done on my eyes, by my father, when I was in college.

for ophthalmologists to work closely with optometry. I remember him talking about how his relationship with optometry was frowned upon among his colleagues, and thinking "They're just people. What do you mean you shouldn't be working with them? They know eyes just like you do." At the time, I didn't understand the traditional ophthalmology point of view. Having been exposed to the other alternative at an early age helped guide my own choices later. Now I'm partnered with optometry within our practice, and I work with community optometrists as well.



*Nominated
by*



Dr. Wiley has been involved early on with many technologies, including corneal inlays, accommodating IOLs, and, the most recent, small-incision lenticule extraction (SMILE). He's also pioneered many procedures in Northeast Ohio and was the first in Cleveland to perform laser cataract surgery and implant the Light Adjustable Lens (now RxLAL; RxSight), Tecnis multifocal (Johnson & Johnson Vision), and Crystalens (Bausch + Lomb) IOLs. In this interview, Dr. Wiley talks about growing up in an ophthalmology family, the joys of ice cream, and the roots of his interest in the Dave Matthews Band.

INTERVIEWED BY LAURA STRAUB, *CRST/CRST EUROPE* EDITOR-IN-CHIEF

that satisfaction trickles down to their children.

In medical school, you get little exposure to ophthalmology. Unless they are exposed to it, most medical students don't think about this field as a career—it's sort of an outlier specialty. It's hard to study for, the exams are complicated, and the equipment is hard to use. Many people rotating through ophthalmology are turned off by those things. If you grow up with it, you have a baseline understanding that allows you to catch on quickly in med school and residency. Often, people gravitate

Being able to see that gift of sight from a personal standpoint was great. Today, we may tend to take refractive surgery for granted, but back then, it was truly amazing to understand that you could go from needing glasses to not needing them. Seeing my father do that was transformative to me. His excitement trickled down, and as a patient myself I was also able to partake in the excitement.

My father was also a pioneer in optometric comanagement at a time when there was a huge divide between optometry and ophthalmology. There still is some, but it's more collegial now. Back then, it was unusual

Lastly, my father's innovative spirit influenced me. When I was in high school, we worked on some patents together. He had a patent for an adjustable-focus IOL. He and I would brainstorm and try to figure out, "What kind of technology could allow a lens to be adjusted inside the eye?" We looked at electronic- and light-adjustable methods. This was years before that type of technology became reality. But through that experience, I was able to see that a solo private practitioner could help guide the field or innovate technology in the field. So that also guided my career path.

BMC: Regarding the concept of the adjustable IOL, what are your thoughts now that it is closer to becoming a reality?

WILEY: Our practice was chosen to be a study site for the FDA clinical trials for the RxLAL. The first time I implanted one and then adjusted it, I thought to myself, “This is something my dad and I talked about 20 years ago in the kitchen, brainstorming how we might be able to do it.” To see that technology come to fruition was a great moment, and I was so excited to go home that evening and tell my father.

Unfortunately, my father let his patients for the adjustable-focus IOL expire. At that time, it just didn’t seem possible to do. I asked if he was upset about not holding onto them. He said, “Well, at least I helped put the idea out there, and somebody else was able to capitalize on those thoughts and run with them.”

BMC: Your father was heavily involved with the Society for Excellence in Eyecare (SEE), and now you are involved with the Caribbean Eye Meeting. How much of that is because of your father, and how have you made it your own undertaking?

WILEY: The Island Ophthalmology Meeting, which later merged into the Caribbean Eye Meeting, was started by my dad. Our family went on vacation to Jamaica with another ophthalmologist’s family, and all my dad and this other doctor talked about was ophthalmology. The next year, they invited another family, and so for the first few years it was just a few docs and their families. The docs talked shop, and the families had fun on the beach. Then they began to invite people from industry. It grew organically. Initially it was just a small meeting, and then they merged it with SEE. Then that group partnered with the American College of Eye Surgeons (ACES) to cosupport Caribbean Eye.

I knew it from childhood as a great family vacation, but in my first few

years of practice, I wasn’t involved. I think there was sort of a generation gap, as the organizers and attendees were mainly of my dad’s generation.

The people I credit for modernizing the meeting and the society are James C. Loden, MD, of Nashville, whose father is also an ophthalmologist and colleague of my father’s, and P. Dee G. Stephenson, MD. Jim started going to the meetings, and he brought in younger doctors. Jim and Dee helped it transition from a legacy doctor’s club to a true, modern day, cutting-edge meeting.

BMC: You practice at Clear Choice Custom LASIK Center, the Cleveland Eye Clinic, and Toledo LASIK Center, and you’re also on the faculty at Case Western Reserve University. How do you divide your time, and what are the benefits of practicing across multiple institutions?

WILEY: Practicing with a number of organizations can be complex. The way our private practices were formed, there was an independent refractive surgery company, Clear Choice, focusing on refractive surgery. Separate from that was Cleveland Eye Clinic, an anterior segment/cataract practice. Those were on their own paths of revenue. When the Centers for Medicare and Medicaid Services, in the preceding decade, changed the rules to allow billing the patient for premium IOLs, we started seeing Clear Choice and Cleveland Eye Clinic more closely align, with Cleveland Eye Clinic providing upgraded or refractive services along with cataract surgery.

At that point, we built a new structure that now houses both entities under one roof, so that Clear Choice and Cleveland Eye Clinic could share technologies. They still operate independently, but they are becoming more complimentary, as they combine cataract surgery, refractive surgery, and more comprehensive ophthalmology under one roof. We now also have a dry eye center of excellence and an oculoplastic surgery practice. So we’re

melding refractive and cataract surgery into a modern, all-encompassing comprehensive practice.

But I also teach at Case Western because I enjoy working with residents. When I think back to my training, I’m indebted to the doctors who spent their time with me through residency. In the program where I trained, Rush Presbyterian St. Luke’s Hospital in Chicago, many of the doctors had their own private practices, and they taught from that perspective. It was nice to be able to get that firsthand experience from the private practice world. This was different from the traditional academic center that might offer little exposure to private practices.

I thought it would be good to work with residents here in Cleveland, to show them a different side of ophthalmology than what they might be exposed to in the academic institution. Postgraduate residents who are looking to go into refractive surgery or refractive cataract surgery might get a better perspective in our practice than they would in a traditional, pathology-based academic setting. It’s a way for me to give back and teach residents the way I was taught.

BMC: You’ve taken on a fellow this year. Is this your first time sponsoring a fellowship?

WILEY: Yes. Through working with Case Western’s residency program, I got to meet people who were interested in following a path of learning that dove a little deeper into refractive surgery. We realized that it would be a great way for us to help invest in the field of refractive surgery. There are a number of corneal fellowships out there, but traditionally they’re more pathology-based and not as much about refractive surgery. Refractive surgery is expanding and changing, and it’s becoming harder, I think, to truly learn the skill set required to be a comprehensive refractive surgeon.

Right out of residency, when I started working with my dad, I didn’t have a formal fellowship. The only refractive



surgery I learned was LASIK. We had a microkerotome, an excimer laser, and a corneal topographer, and that was it. Now look at the procedures we're providing: We have SMILE, multifocal IOLs, corneal inlays, phakic IOLs, and CXL.

What was once a relatively simple thing that you might learn with a weekend keratome or excimer laser course is now much more complicated.

BMC: I follow @clearchoicelaser on Instagram. From the posts, it looks like a fun and family-like corporate culture. As medical director, how do you promote this positive energy and keep your employees happy?

WILEY: Clear Choice has a great culture, and it does have a family atmosphere. We have had nontraditional marketing since almost day 1. Two of the partners in Clear Choice are not physicians; they are

marketers by trade, and they helped create that culture. Sometimes physicians have one way of looking at things that's different from what a business or a marketing person may see.

When I look back to some of the early marketing things I wanted to pursue, it was a picture of doctors and text saying how great doctors are. That goes only so far. Initially, some of the posts our team wanted to put out there, I said, "I don't know, that doesn't look very medical to me." I had to step back and let the team run with their thoughts and ideas, and it has been extremely effective.

Even the waiting room is different from what I might have designed as a physician. My partners did not want the space to look like the typical, sterile, cold medical facility. They made it look like a local coffee shop with a warm-and-fuzzy sort of feeling. The picture I had in my mind was

traditional and academic. They pushed to make it comfortable. So we have a fireplace in the lobby. We make fresh cookies and have a coffee machine making fresh Starbucks coffee. It is a totally different atmosphere that was driven by the staff and the team.

One day my business partner said, "We should get an ice cream truck." I was like, "Why would we want an ice cream truck?" He said, "Well, who doesn't like ice cream?" And I said, "Okay, but how will this benefit our patients, how will it help to get our name out?" We ended up buying not one but two vintage 1950s ice cream trucks, and we offer access to them for any of our past or present patients. They can reserve a truck for a kid's birthday party or special event. We offer it as a free service, and we take donations that go to a local low-vision center.

The benefit to the practice is that, when the truck shows up at the birthday party, all of the parents say, "Wait a minute, how did you get this ice cream truck?" And the patients can say, "Oh, Clear Choice. We're patients. It's a great place to have your LASIK or refractive surgery done." It helps get the name out there in a nontraditional way. It's a fun thing that the staff gets into. I drove it to our town when we had a local festival—I was a hero to my kids and the neighborhood kids.

Listening to a partner with a nontraditional marketing idea and taking your ego out of the way can lead to interesting developments. Letting somebody else run with an idea to create a better atmosphere was initially hard for me to do, but I can see that has paid off and has produced a great culture to work in.

BMC: You've performed surgery on more than 100 physicians or their family members. What is it about you and your practice that attracts other physicians to entrust their eyes to you?

WILEY: Medical communities tend to be pretty close-knit. By treating everybody on your team or at your

hospital or surgery center with respect and care, and trying to be a center of excellence, the word gets out. Likewise, if I needed knee surgery, I might ask my scrub tech, “You work at the hospital. Who’s the best knee surgeon, and what is he like?” When you’re approachable, when you’re there for your patients, they will talk about where they had their eyes done when they see other professionals. I’ve always given my cell phone number to all of my patients. We treat a lot of patients, so you’d think that my phone would be ringing off the hook, but it’s not. I think that for patients, knowing they can reach me if needed is nice, but they don’t take advantage.

We’re also leading innovation, and we strive to always have the latest technology to try to get that next-level result. We work with industry through studies and partner with industry for new technologies. All those things have helped raise the level of care that we deliver.

BMC: Outside of ophthalmology, what keeps you fulfilled?

WILEY: I enjoy skiing in the winter. Living in Cleveland, winters can be rough, with subfreezing temperatures. My family made a decision to have skiing as our family hobby, and that’s one outlet I’ve enjoyed over the past few years. Almost every weekend in the winter, we drive to Western New York and ski as a family. My kids have gotten involved in the racing programs.

We’re in the car together, on the mountain together. It’s a great family atmosphere. It’s a nice break from eye care because I work pretty hard, and I’m often away from the family, but that’s one time when we’re together.

I enjoy doing triathlons. I have always enjoyed running and biking, but I thought there’s no way I could ever swim a mile or more. I just felt like I wouldn’t have it in me. So that is something, to be able to do a half Ironman or multiple triathlons, to work through that weakness in the swimming section. That was rewarding.

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BMC: A little birdie told me that you’re a Dave Matthews Band fan. Tell me about when and why you started following them.

WILEY: I went to the University of Virginia, and that’s where Dave Matthews got started, at a bar called Trax. He would play every Tuesday night with a \$5 cover charge. Even when he first started, he was pretty good, and he drew a crowd. I was in a fraternity, and we had an annual fall festival. We had a band every year, and it was usually a cover band, but somebody suggested Dave Matthews. And we found out he would charge \$500 to play, whereas the cover band would be \$800.

Looking back, it’s wild to think I saw Dave Matthews play in front of 40 people at a fraternity party. As they got bigger, we all started to adjust our class schedule—you did not want to have an 8 am class on Wednesday. He started building a local following.

BMC: If you had to nominate one creative mind in ophthalmology, whom would it be and why?

WILEY: Anybody who is a member of the Vanguard Ophthalmology Society (<http://www.vanguardeye.org/>), a group that was started in 2009 by like-minded physicians, and the innovation that comes out of this group is inspiring. For example, Malik Y. Kahook, MD, has innovated a number of products,

most recently the Harmoni IOL, which was bought by Alcon. John P. Berdahl, MD, started Equinox, which is looking into the role of intracranial pressure in glaucoma. (*Editor’s Note: The Chief Medical Editors of MillenniumEYE have selected Dr. Kahook as one of its creative minds and the Chief Medical Editors of CollaborativeEYE have selected Dr. Thompson. For those interviews, see pgs 52 and 60, respectively.*) Gary Wörtz, MD, has the Omega lens (Omega Ophthalmics), which is a new upgradable IOL that is interesting. Damien F. Goldberg, MD, has the company Ocular Science, developing topical formulations for postoperative care. And Rob Sambursky, MD, started RPS Diagnostics.

Those are just a few members of Vanguard who have great ideas. Some members may not have invented anything yet, but the society has a collegial atmosphere of bouncing ideas off each other. Over the past 10 years, it’s been great to see such a concentration of creative minds come together and help change or shape the field. ■

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