

Bob Kelch *Reflects*

Medical student {1963-67}, resident {1967-70}, faculty member {1972-94}, chair of pediatrics {1980-94}, and executive vice president for medical affairs since 2003, Robert P. Kelch retires this September from a stellar U-M career, interrupted for only nine years during which he held leadership positions at the University of Iowa. He shares some of his thoughts about the past, present and future of medicine at Michigan.

INTERVIEW BY RICK KRUPINSKI

MM: What are your earliest memories of this place?

RPK: Wow. The very first would be the summer of 1963 when I moved with a couple other guys into an apartment in a house on Washington Heights where the Ronald McDonald House is now. That was a few months before medical school started, and I began doing research on the sixth floor of this building [Medical Science I] in the pharmacology lab, working on brain actions of opioids, called morphinan compounds. That summer I learned Ann Arbor — I hadn't been here before.



MM: What do you see as the major differences between medical education then and now?

RPK: I think there's a fundamental difference. When I was in medical school you had the feeling — and teachers had the feeling — that they could teach you everything. It was knowable. So we learned every nuance of human anatomy. We spent perhaps three to four times the amount of time studying anatomy than students spend today, both at the side of a cadaver and in lecture halls. Just a few years later as I specialized in pediatrics I prided myself on being able to look at a child and figure out which syndrome the child might have. Today, we know we can't know all that is known; we've greatly surpassed the capabilities of any one human mind. That makes you pause and wonder, how are we going to give students enough immediately recallable facts so they'll know where to go for a more detailed answer? That's a tremendous paradigm shift. To me, that's the big difference: the phenomenal explosion of knowledge.

MM: What stands out most to you, given your many roles here over the years?

RPK: I've enjoyed every role, but becoming chair of pediatrics was probably the time I was the most pleased to be here, to be a successor to my beloved professors of pediatrics — that really felt wonderful. As a department chair, you have the ability to lead a very talented group of people concentrated in one area so you can, as I like to say, professionally procreate in a very intimate way. Medical students are with you for a short time, then go on to the next professor. With graduate medical training, you work with people who are going to spend three to six or more years with the department.

MM: During your tenure as EVPMA, we've seen tremendous capital growth and expansion, sustained a positive operating margin, experienced a change in the deanship, sold M-Care, purchased the Pfizer property, and faced the worst national financial crisis in generations, to name but a few items of significance. What do you see as the most important contributions of your leadership?

RPK: To me those things are of lesser importance than what I perceive as the cultural change and the development of a more positive institutional self-concept. There's a principle promoted by the Gallup organization that holds that the most effective managers in health care manage to the emotional economy of the system, based on the belief that if you have staff engagement, satisfaction and a good

institutional self-concept, you'll have patient satisfaction and excellent outcomes, and the bottom line will take care of itself. I believe the strategic principles we put forward rather soon, especially the first one — integration, collaboration, teamwork — helped people come together and work as teams. We've opened a new Cardiovascular Center based on the teamwork approach, and we're planning the children's and women's hospital that way. I think the internal relationships and the relationship with central campus are much more collegial. People don't always agree; it's not nirvana — it shouldn't be. You want different views and opinions to get a better outcome, and we're more able to do that now. To me, that's No. 1.

MM: What concerns you about the future, not just of the Health System, but of health care in the U.S.?

RPK: This place is so well-situated, it's got so many bright minds and well-intentioned people that it will adapt to whatever is coming along — in fact, it'll be at the forefront of adaptability. There will probably be greater challenges than we've faced in a long time. Just before Medicare was started, many people predicted doom and gloom. However, it actually helped health care in America immensely. It's not perfect, but what if we didn't have it? We're going to go through something similar within the next 10 years — perhaps sooner than later — dramatic changes. My hope is that we as a nation can concentrate on quality of care, get the waste out of the system, and redirect energies that way. This place can and I believe will be a leader in not only adapting, but leading reform.

MM: Under your leadership, the EVPMA's office has made a major commitment to the Gifts of Art program, matching donors dollar-for-dollar up to \$5 million. Why this particular cause?

RPK: We're learning that if you take care of your soul, or inner being, whatever way you want to describe it, you can improve your physical health. I think most people know that, but we sometimes are so scientifically oriented we discount ideas unless we can prove everything. There are now scientific studies that prove a lot of what I'm saying. It's so much more comforting to be in a room where there's something beautiful to take your mind off what's happening. Art is a wonderful healing tool. Bringing beauty to staff and patients during times of stress — and being in the hospital today is more stressful than ever — to me is very important, and I wanted to establish an endowment so that we would



Above: Bob Kelch at the home of friend Rees Midgley, M.D., in the 1970s. Right: James and Elizabeth Woollicroft and Jeri and Bob Kelch at Reunion 2007.



always be committed to bringing the humanities and the sciences together for the total healing of the patient.

MM: Three of the top four leadership positions at the U-M — president, provost, and executive vice president for medical affairs — are currently held by women. What do you make of this sea change?

RPK: It's a very positive change. When I entered medical school, there were fewer than 10 women in a class of 180-some. Now there's a modest majority of women in most entering classes, and in some countries like Canada it's up to 60-70 percent. The gender balance has enriched medicine in many ways, including broader capabilities, different sensibilities, and paying more attention to provider lifestyles; it's enriched the care and the lives of both men and women in medicine. It's taken awhile to effect this change in leadership demographics, and I think it has helped men as much if not more than women.

MM: In what way?

RPK: We have as many men coming in saying 'I need a lifestyle change so I can be with my children more.' In my era, that would be a sign of weakness. It's not a sign of weakness; it's a sign of being a very thoughtful parent on

life-work balance issues. It doesn't mean you're less of a doc. It's been liberating for both genders.

MM: What are your plans for retirement?

RPK: I've never had a full sabbatical, and so I want to take it easy, think, travel, experience things, live more in the moment than always looking to the next goal in life. I have quite a few hobbies — drawing and photography are two — and while I'm not that good, I love doing it and that's what counts. I have four grandchildren who range in age from 6 to 13, and I know I'm only going to get one more chance to be with kids of my partial making, so to speak. During the earlier years of my career in a male-dominated health care system, I would say my wife did 90 percent of the child-rearing, just because of the era and the division of labor. So this is a second chance to do more with my grandchildren than I did with my own children.

MM: Will you remain involved with U-M in any way?

RPK: I'll always be available — well, I'll say *reasonably* available — and I'm going to stay involved in a couple board responsibilities that relate to U-M activities. I want to be helpful, I want to share information if asked — but I want to stay out of the way, too.