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Better Health

A Weekly Update
for Asante Employees

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every day, every time.

ASANTE® News

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Physician profile: Kent Dauterman, cardiologist

Kent Dauterman, MD, practices interventional cardiology with Southern Oregon Cardiology in Medford. He helped bring the transcatheter aortic valve replacement (TAVR) and carotid stent programs to Asante Rogue Regional Medical Center.



Dr. Dauterman received the Oz Award for Performance Improvement at Asante Rogue Regional in 2005, the Patients' Choice Award in 2008, Castle Connolly's Top Doctors in 2013, Compassionate Doctor recognition in 2015 and the Asante Rogue Regional Medical Center Excellence Award in 2015.

He earned his medical degree from the Johns Hopkins University School of Medicine and served an internal medicine residency, chief residency and cardiology fellowship at the University of California, San Francisco. He served an interventional cardiovascular fellowship at the Cleveland Clinic. Dr. Dauterman is a Fellow of the American College of Cardiology and the Society of Coronary Angiography and Intervention.

He speaks French and Tshiluba (Congolese).

Q: Asante's TAVR program is celebrating its one-year anniversary. How have the outcomes been?

A: The number of patients treated and the [outcomes](#) have surpassed expectations. We performed 38 transcatheter aortic valve replacements and there were no in-hospital deaths or strokes. We compare very favorably to other major medical centers.

The success of our TAVR program is due largely to the truly collaborative efforts of many individuals committed to doing it right. Many people evaluate and "touch" these patients, including the cardiologists, cardiothoracic surgeons, cardiac anesthesiologists, radiologists, vascular surgeons, CCU nurses, cath lab and OR staff, echocardiographers, clinical staff at Southern Oregon Cardiology and the Asante Valve Clinic, especially Angel Cross, RN, our Valve Program coordinator.

Q: When will TAVR be available to lower-risk patients?

A: TAVR is presently approved for patients with severe symptomatic aortic stenosis who are felt to be at high-risk or prohibitive risk (i.e. inoperable) for standard surgical aortic valve replacement via the standard midline sternotomy and cardiopulmonary bypass. The recent PARTNER-2 study showed that moderate-risk patients also benefit so we are expecting FDA approval in fall 2016. Clinical research trials in low-risk patients are in progress.

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Q: What other new cardiovascular technologies will soon come to Asante?

A: Left atrial appendage occlusion with the WATCHMAN device will mean that many atrial fibrillation patients will no longer require anticoagulation.

Q: What are some promising new devices in clinical trials right now?

A: Percutaneous MitraClip for symptomatic mitral regurgitation is a maturing technology that looks promising.

A: You served in the Peace Corps in Africa while in college. What did you learn from that experience?

A: The first thing that comes to mind is that termites and caterpillars don't taste as bad as you would expect. On a more serious note, those two and a half years were incredibly worthwhile for a multitude of reasons. I would do it all over again even though Peace Corps Public Health in Zaire (now the Democratic Republic of the Congo) was one of the most challenging jobs I ever had.

Q: If you could solve one public health problem today, what would it be?

A: Smoking and obesity. (That's two!)

Q: What do you do in your spare time?

A: Robotics, robotics and robotics for my son's high school robotics team, FTC 8372 Trial N' Terror (TNT). They are going to the world championship in St. Louis later this month and are presently ranked 17th of 4,629 teams in 18 countries. It's a great group of students.

Q: If you hadn't chosen medicine, what would you be doing today?

A: I had opportunities overseas after Peace Corps. I think I would have gotten involved in a variety of development projects. Farming and beekeeping, too. I am waiting for cardiology and robotics to slow down.