**Who We Are**

The Queen's Heart Institute (QHI), General Cardiology Network serves as the central hub of cardiovascular care specialists, and as a critical point of entry into the Queen’s Healthcare System. Our accomplished general cardiology team welcomes patient referrals from any referring provider whether they be a primary care specialist or subspecialist. Once the patient has established care with QHI, we take pride in the ability to offer a wide spectrum of cardiology specialty services, all within Queen’s system. We do this to provide the best possible care for our patients, given the increasing complexity of medical care in the modern era.

Over the past few decades, how we manage heart disease has dramatically changed through technological advances. We now have the ability to treat complex heart disease with the help of the right medicine, the right catheter, or the right mechanical pump. These advances are truly awe-inspiring. However, the number of advanced treatment options now available can overwhelm patients and providers, leaving patients anxious and confused, and making their care inefficient. Patients and providers need health care professionals they can trust; who know their values and have the content expertise to guide them appropriately. They need a reliable partner in their health care; our general cardiology team is that partner.

The fundamental purpose of the Queen’s Heart Institute’s Network of General Cardiology is to provide a team of experts to partner with patients to meet their needs by providing the care and oversight needed to navigate the complex and dynamic nature of modern cardiovascular care. We aim to serve as a constant, caring presence for every patient in our ‘ohana.

**WE ARE LIFELONG PARTNERS FOR CARDIOVASCULAR HEALTH**

Common heart diseases such as Coronary Artery Disease and Heart Failure can be divided into phases. In general, an illness starts with a subclinical or at-risk phase in the early years, progressing to an acute phase (when the disease is newly diagnosed), and finally a chronic or maintenance stage. The maintenance stage occurs when a patient’s health can eventually stabilize through the use of medications and medical procedures, or worsen, requiring more aggressive intervention and advanced therapies.

**(Fig. 2) Natural history of chronic coronary syndromes**

Our QHI General Cardiology Team actively manages patients through every phase of illness and seeks to maintain their health to keep them happy and at home. During the at-risk or subclinical phase, we try to achieve a balance between our preventive efforts and the testing and therapies we offer, which is different for each patient. For example, many of our asymptomatic patients and their providers may ask about cardiac stress testing to estimate their risk for a heart attack in the future. These tests may lead to more harm than good for certain patients, such as unnecessary invasive procedures. To reduce the risk of inappropriate testing and still prevent future heart disease, our providers may recommend a heart scan ('calcium score') instead, or aggressive lifestyle modification based on cardiovascular risk scores, while always including the patient’s preferences. This approach allows us to achieve the best outcome for the patient and avoid unnecessary testing, all while honoring the values and autonomy of each patient.

In the diagnostic phase, we rely on the expertise of our general cardiologists to use their knowledge to provide a comprehensive differential diagnosis.
during the initial visit and then tailor the list accordingly with their clinical reasoning, so that the most accurate diagnosis is eventually given and a treatment plan can be initiated. At this point, the patient may be referred to an appropriate QHI subspecialist if a higher level of expertise is needed. Even so, the patient still has their home within the general cardiology network, as our subspecialists always communicate with the general cardiology hub. This coordination of complex care leads to great outcomes for our patients and ensures they don’t get lost in the shuffle.

The chronic secondary prevention strategy after diagnosis and initial stabilizing treatment (e.g., after stent placement in a heart artery) is a team based approach with cardiologists, nurse practitioners, nurses, and medical assistants managing the patient under a treatment plan defined by the general cardiologist and the appropriate subspecialist. If the patient’s illness worsens in the chronic phase, the patient is often referred back to the subspecialist for more aggressive treatment strategies. This multi-disciplinary team-based model of care allows us to not only see more patients, but also improve patient access (‘get patients seen when they need to be seen’), while maintaining high level quality standards.

We strive to achieve national quality benchmarks for clinical care and by doing so, have become certified by The American Heart Association’s Get With The Guidelines (Heart Failure) and The American College of Cardiology (TAVR).

Our collaborative and innovative team-based model of care, which improves quality and access, sets the Queen’s Heart Institute apart from other local cardiovascular care delivery models. Supporting this, many of our providers and programs have been ranked by our patients in the highest decile nationally in terms of patient satisfaction. We see this recognition as a symbol for the dedication and caring of the entire team.

COMMON DIAGNOSES AND TESTING

By design, our general cardiology team manages cardiovascular conditions across the entire spectrum of cardiovascular disease. The most common referrals we receive are for uncontrolled high blood pressure, chest pain syndromes, palpitations, heart rhythm disorders, dysautonomias, and heart failure syndromes. We often co-manage patients with or refer management to specialty clinics (e.g, cardio-oncology, dysautonomia clinic, pacemaker clinic) when appropriate.

The most common diagnostic testing we order includes electrocardiograms (ECGs), rhythm monitors, transthoracic/transesophageal echocardiograms (heart ultrasounds), and cardiac stress testing (echocardiographic, nuclear, and ECG). In terms of our non-invasive testing, we are supported by the QHI Cardiac Non-Invasive department that manages high volumes of non-invasive diagnostic testing (when compared to national volume standards) while also maintaining a high quality of care delivery.
Queen’s Heart Institute
General Cardiology Network

CONDITIONS:
Chest Pain Disorders / Coronary Artery Disease
Resistant Hypertension
Arrhythmia / Palpitaitons
Dysautonomias
Heart Failure Conditions

SERVICES:
Stress Testing
Echocardiography
Cardiac CT
Cardiac MRI
Heart Rhythm Monitoring

SERVING THE BROADER COMMUNITY

Our clinics are based near The Queen’s Health Systems hospitals, such as at the Punchbowl hospital campus, the West O’ahu hospital campus, and the North Hawai’i Community Hospital campus on the Big Island of Hawai’i. However, our goal is to deliver care closer to our patients’ neighborhoods and communities, as we do now with our offices in Aiea and Hale Pawa’a. Potential expansion sites in the near future include West O’ahu, Central O’ahu, and Windward O’ahu.

We think this will improve patient access to our exceptional care, especially for those who are limited by time or transportation issues. In this way, we will continue to promote the mission of the Queen’s Health Systems: to provide high quality care to all the people of Hawai’i.

In addition to the services we provide to our patients, our general cardiology team works as educators the University of Hawai’i Cardiovascular Fellows, Internal Medicine Residents, and Medical Students. We serve as preceptors in the ambulatory clinics, in addition to serving as faculty on the inpatient services. We also present formal lectures and preceptors on echocardiography and nuclear medicine rotations. We have active research interests, particularly regarding improving the health of our community here in Hawai’i.

We also understand the importance of community service beyond the walls of the health system, with several of our physicians serving as leaders of state chapters of the American College of Cardiology and the American Heart Association. This service allows us to advocate for our patients and our community on a state and a national level, so that legislative efforts include rather than exclude the people of Hawai’i. Our educational efforts also span beyond the hospital walls, as many of our general cardiologists regularly participate in community health care talks.

Call the Queen’s Heart Institute General Cardiology Network at 808-691-8900 or visit: www.queens.org/heartreferral

QHI Hale Pawa’a:
1401 S. Beretania Street, Suite 500
Phone: 808-691-6111

QHI POB3:
550 S. Beretania Street, Suite 601
Phone: 808-691-8900

QHI Aiea:
98-1247 Ka’ahumanu Street, Suite 208
Phone: 808-686-4130

QHI West O’ahu:
91-2135 Fort Weaver Road, Ewa Beach
Phone: 808-691-3340

QHI North Hawaii:
67-1125 Mamalahoa Highway, Kamuela, HI
Phone: 808-881-4658

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MEET THE TEAM

Omar Abdul-Ghani, MD
Dr. Abdul Ghani is a general cardiologist with expertise in diagnostic coronary angiography, advanced cardiac imaging including echocardiography, nuclear cardiology as well as other modalities of cardiac imaging. He completed his bachelor’s degree in medicine and surgery at the Jordan University of Science and Technology, his Internal Medicine and Cardiovascular Disease training at the University of Hawai’i John A. Burns School of Medicine. He is fluent in Arabic and English.

Michael Aldridge, MD
Dr. Michael Aldridge is a Queen’s North Hawai’i Community Hospital Cardiology provider. He earned undergraduate degrees in biochemistry and economics from UCLA and his medical degree from Albany Medical College, New York. He completed his residency in internal medicine and fellowships in cardiovascular medicine and echocardiography at Los Angeles County+USC Medical Center and Keck Hospital of USC. Dr. Aldridge is board certified in cardiology, echocardiography, nuclear cardiology, cardiac CT, and internal medicine, and is a member of the American College of Cardiology.

Michael Brodsky, MD
Dr. Michael Brodsky joined Queen’s Heart Institute in 2014, focusing on general cardiology. His research interests include the effect of stress on cardiac arrhythmias such as atrial fibrillation and ventricular tachycardia. He is an Assistant Clinical Professor of Medicine at the University of Hawai’i John A. Burns School of Medicine. He is originally from Chicago.

Randolph Hutter, MD
Dr. Randolph Hutter is a Board Certified General Cardiologist trained in Internal Medicine and Cardiology at Mount Sinai Medical Center in New York City. He has been on the Physician-Scientist program of the American Board of Internal Medicine and has performed extensive bench and translational clinical research on the topic of Coronary Artery disease. Dr. Hutter is particularly interested in cardiovascular health of Native Hawaiian patients and is launching research projects to improve our understanding in cardiovascular disease.

Zia Khan, MD
Dr. Zia Khan is a general cardiologist with a background in health education and neuroscience. He served on the faculty at Tulane University School of Medicine before completing his fellowship in cardiovascular disease. His interests include outpatient and inpatient consultative cardiology, as well as echocardiography.

Anne Kemble, MD
Dr. Anne Kemble is a general cardiologist who specializes in adult congenital heart disease and cardiovascular disease. Dr. Kemble is affiliated with The Queen’s Medical Center and Ronald Regan UCLA Medical Center. She is interested in complex congenital heart disease and echocardiography.

Alan Kuo, MD
Dr. Alan Kuo is a general cardiologist with expertise in advanced cardiac imaging including echocardiography and nuclear cardiology. He has a particular interest in informatics and medical education. He completed his medical degree at the University of California, Los Angeles (UCLA) and went on to complete his internal medicine and cardiovascular disease training at the UCLA Medical Center. He is fluent in Mandarin Chinese.

Helaine Kwong, MD, PharmD
Dr. Helaine Kwong is a non-invasive clinical cardiologist who specializes in the diagnosis and treatment of a wide variety of cardiovascular diseases. Dr. Kwong completed residency training in Internal Medicine at the Johns Hopkins Bayview Medical Center, followed by fellowship in Cardiovascular Disease at the University of Maryland Medical Center in Baltimore, Maryland. Her clinical interests include heart disease prevention and treatment, medication therapy management, and women’s cardiovascular health.

Luke Lam, MD
Dr. Luke Lam is a general cardiologist who specializes in adult cardiology. He serves as Assistant Clinical Professor in the Department of Medicine at University of Hawai’i. His interests include outpatient and inpatient consultative cardiology, as well as adult echocardiography. He is fluent in Cantonese.

Rachel Lee, MD
Dr. Rachel Lee is a general cardiologist who specializes in clinical cardiology and echocardiography. Her interests include preventative cardiology, echocardiography, and nuclear cardiology. She is originally from Honolulu, Hawai’i.

Kahealani Rivera, MD
Dr. Kahealani Rivera is a general cardiologist who focuses on clinical cardiology with special interests including refractory hypertension and cardiovascular disease in women, Native Hawaiians, and other ethnic minorities. Dr. Rivera grew up in Waipahu, Hawai’i and graduated from Kamehameha Schools.
Todd Seto, MD
Dr. Todd Seto is a general cardiologist with expertise in advanced cardiac imaging. He has a particular interest in research and quality improvement. He completed his medical degree at the University of Hawai‘i John A. Burns School of Medicine, and his internal medicine residency and cardiovascular disease fellowship at the Beth Israel Hospital in Boston. He also completed a general medicine fellowship and training in quantitative analysis at the West Roxbury VAMC/Harvard Medical School and Harvard School of Public Health.

Michael Tanoue, MD
Dr. Michael Tanoue is a general cardiologist and an Assistant Clinical Professor at the University of Hawai‘i. Dr. Tanoue has special interest in medical education. Promoting alternative modalities with clinician and patient education, and disease awareness.

Margo Vassar, MD
Dr. Margo Vassar is a general cardiologist who focuses on echocardiography and inpatient consultative cardiology. She has a special interest in women’s health and prevention. Having concentrated in International Health at Brown University and as a certified yoga instructor she works to provide more holistic plans for all patients.

Mahdi Veillet-Chowdhury, MD
Dr. Mahdi Veillet-Chowdhury is an adult cardiologist with expertise in advanced cardiovascular imaging. He completed his internal medicine residency at Emory University, and cardiology fellowship at SUNY-Stony Brook University. He also completed an advanced cardiovascular imaging fellowship at Brigham and Women’s Hospital/Harvard, where he obtained Level 3 certification in multimodality imaging.

Gregg Yamada, MD
Dr. Gregg Yamada has been practicing cardiovascular medicine in Honolulu for over 25 years. A graduate of the University of Hawai‘i, he completed his training at the University of Arizona Hospitals and Clinics (general cardiology) and the Indiana Heart Institute (interventional cardiology).

Lyndsey Sakuda, Lead APRN
Lyndsey grew up on Oahu, where she completed her MSN at UH Mano‘a in 2012. She worked as a RN in the NICU at Kapiolani Center for Women and Children before pursuing her career in adult cardiology with the Queen’s Heart Institute in 2015. Her clinical interests include adult congenital heart disease and general cardiology, patient advocacy, and ensuring patients with complex heart disease have access to the health care resources they need.

Connie Soto, APRN
Connie was born and raised in Hawai‘i. She attended UH Mānoa for her BSN and started at Queen’s as the ED’s unit secretary. She worked on QET 5 Neurotrauma and QET 6 CCU as a nurse for a few years before moving to California to pursue a MSN degree from University of Southern California. After graduating she worked as a NP for a private cardiology practice in Laguna Hills. After spending three years on the mainland, Connie is happy to be back in Hawai‘i and to be serving our local community.

Dulce Gonzalez Melgar, APRN
Dulce is a board certified Family Nurse Practitioner. She received her Bachelor of Science in Nursing from California State University San Bernardino in 2016 and her Doctorate of Nursing Practice form the University of Hawai‘i at Mānoa in 2021. As a nurse, Dulce has worked in a variety of inpatient and outpatient settings, including ICU, telemetry, and rehabilitation. Dulce is originally from Guatemala and is fluent in Spanish. In her spare time, she enjoys traveling, exercising, and spending time outdoors with her family and her dog.

Alice Chang, APRN
Alice grew up in the San Francisco Bay Area, completing her undergraduate studies at UCLA and later her BSN and MSN and DNP degrees at Columbia University. While obtaining her DNP, she worked at Montefiore Medical Center as a renal transplant APRN and coordinator. In 2017, she moved to Hawai‘i for a post graduate residency in primary care at Waianae Coast Comprehensive, where she worked for a few years prior to joining the general cardiology team at QHI. She is grateful to be providing cardiology services to the diverse Hawai‘i community at Queen’s, and continuing to work to reduce healthcare disparities within the Native Hawaiian population.