BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **MICHELLE MIX, M.D.** Holder of License No. 43231 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-20-1088A** **ORDER FOR LETTER OF REPRIMAND; AND CONSENT TO THE SAME**

Michelle Mix, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for a Letter of Reprimand; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 43231 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-20-1088A after receiving notification from a Hospital that Respondent's interventional cardiology privileges were restricted based on standard of care concerns.

4. Based on the complaint, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment of five patients. The MC identified deviations from the standard of care with regard to three patient charts reviewed (EJ, LB, and EI).

5. EJ was a 75 year-old female status-post orthopedic surgery with post-operative chest pain and ruling in for non-ST elevated myocardial infarction ("NSTEMI"). EJ has a past medical history ("PMH") of chronic obstructive pulmonary disease ("COPD"), coronary artery bypass graft ("CABG"), diabetes, and hypothyroidism. A balloon angioplasty of the mid vessel without stenting had been performed approximately a year

prior to the procedure. On October 17, 2020, Respondent performed a left heart catheterization with a percutaneous coronary intervention ("PCI") of non-dominant right coronary artery ("RCA") and previously untreated distal chronic total occlusion ("CTO"). A mid RCA lesion was stented with run-off into the CTO. The right ventricular ("RV") branch was jailed. EJ's hospital course was complicated by a gastrointestinal bleed managed conservatively. The Hospital discharged the patient to home on October 22, 2020.

6. LB was a 74 year-old male that presented to the Hospital with chest pain and shortness of breath. LB had a PMH of paroxysmal atrial fibrillation, COPD, diabetes, non-ischemic cardiomyopathy, and hypertension. LB also had a mechanical aortic valve ("AV") replacement in 2002. On July 14, 2020, Respondent performed an echocardiogram that showed moderate to severely decreased left ventricular ("LV") function with an ejection fraction of 30-40%. On July 15, 2020, Respondent performed a left heart catheterization with bilateral selective coronary angiography that showed no significant coronary artery disease ("CAD"). The Mechanical AV was intentionally crossed with a diagnostic JR4 catheter. During the procedure, LB developed progressive bradycardia and asystole cardiac arrest. LB was resuscitated and transferred to the ICU. LB's hospital course was complicated by a right middle cerebral artery stroke with significant deficits. LB was discharged to hospice on July 24, 2020.

7. EI was an 80 year-old male that presented to the Hospital with chest pain and diagnosed with NSTEMI. EI had a PMH of hypertension, diabetes, hyperlipidemia, and CABG. On July 11, 2020, Respondent performed a left heart catheterization with bilateral selective coronary angiography. Four of four grafts were found to be patent. During the procedure, Respondent attempted to perform an intravascular ultrasound ("IVUS") and a guiding catheter was advanced up through a tortuous right iliac artery without a wire

proceeding and resulted in an iliac artery dissection. EI's subsequent hospital course was unremarkable and he was discharged on July 12, 2020.

8. The standard of care when performing coronary stenting requires a physician to have good distal run-off. Respondent deviated from the standard of care for Patient EJ by performing a coronary stent placement proximal to an untreated CTO with limited run-off.

9. The standard of care prohibits a physician from intentionally crossing a mechanical heart valve with a diagnostic catheter during a cardiac catheterization when alternative lower risk options are available. Respondent deviated from the standard of care for Patient LB by intentionally crossing a mechanical heart valve with a diagnostic catheter during a cardiac catheterization.

10. The standard of care requires a physician to advance all coronary catheters/guides over a preceding wire up into the thoracic aorta during a cardiac catheterization. Respondent deviated from the standard of care by advancing a coronary guide through the iliac artery without a guide wire during a cardiac catheterization. The MC noted that there was a new assistant training in the lab during the procedure, which was noted to be mitigating. However, the MC ultimately concluded that Respondent was ultimately responsible even for aspects of care that were delegated to an assistant.

11. Actual patient harm was identified in that Patient LB experienced cardiac arrest. Patient EI experienced iliac dissection.

12. There was the potential for patient harm in that Patient EJ was at risk of acute stent thrombosis. Patient LB was at risk of catheter entrapment in the mechanical valve. Patient EI was at risk of acute limb ischemia.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r)("Committing any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

DATED AND EFFECTIVE this 1ST day of December, 2022.

ARIZONA MEDICAL BOARD

By _____
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges she has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

9. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

10. ***Respondent has read and understands the terms of this agreement.***

Michelle Mix
MICHELLE MIX, M.D.

DATED: 11/6/2022

EXECUTED COPY of the foregoing mailed this 1st day of December, 2022 to:

Michelle Mix, M.D.
Address of Record

Flynn P. Carey
Mitchell Stein Carey Chapman, PC
2600 North Central Avenue, Suite 1000
Phoenix, AZ 85004
Attorney for Respondent

ORIGINAL of the foregoing filed this 1st day of December, 2022 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Nobles
Board staff