

INTUITIVE

Leveraging real-world evidence to create strategy for your program

Matthew Carroll

Sr. Director of Market Access & Custom Analytics

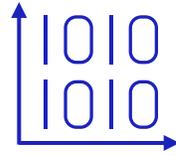
September 15, 2022

Three central themes as you begin your own journey



You already have an important day job

Structure, membership, and purpose allow the executive leadership dyad team to delegate through empowerment.



Digital resources simplify the complex

Fact-based decision-making cuts through the noise and provides better signals for opportunity. Facts are better shared.



Go fast, go alone. Go far, together.

Draw from the experience of 25+ years of innovation and more than 10 million minimally invasive procedures performed globally using the da Vinci system.

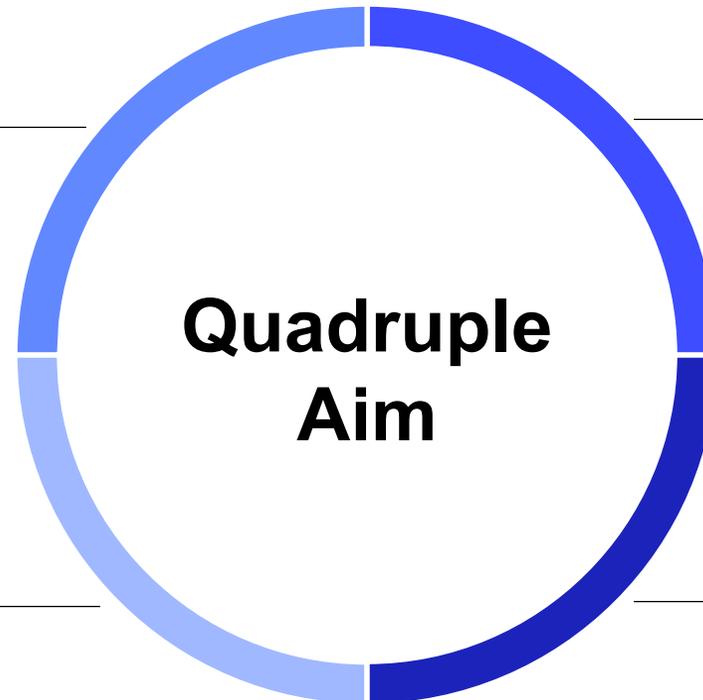
Patients going home safer, sooner with less resources in an environment surgical, anesthesia and nursing teams thrive not merely survive.

 **Better outcomes**

Length of stay
Consistency of outcomes
Surgical site infections
Complications
Return to OR
Readmission

 **Better patient experience**

Recovery
Conversions
Outpatient versus inpatient



Lower total cost of care 

Clinical variation
Direct costs
Cost of ownership

Better care team experience 

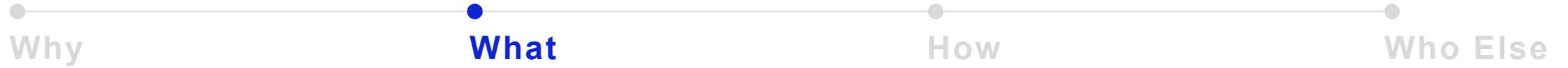
Executive support
OR and Anesthesia collaboration
Predictable access and care pathways

Where we're going in the next 30 minutes



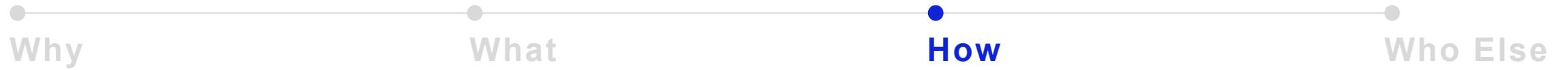
Why a Surgeon Leader and an Executive Sponsor are a **foundational** requirement for a **world-class robotics program**

Where we're going



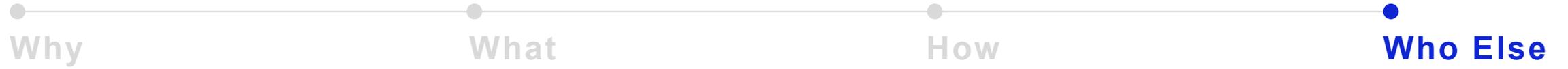
What **digital resources** are available to help identify your program's strengths and opportunities as a **dyad leadership** team

Where we're going



How to apply the digital resources through a **brief case study**

Where we're going



Why

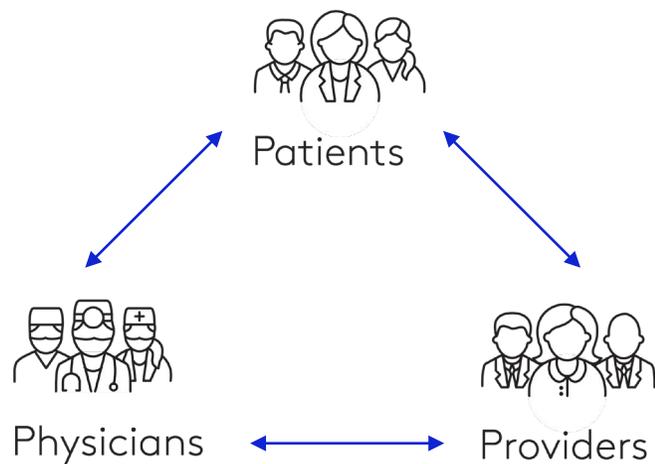
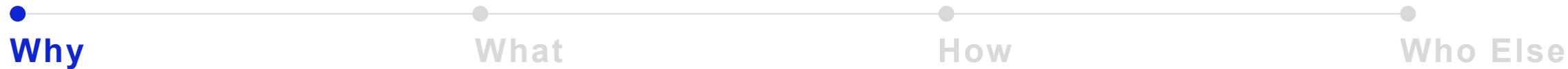
What

How

Who Else

Who else we may need to **bring along** on this journey

Why today and Dyad alignment are crucial for your da Vinci program



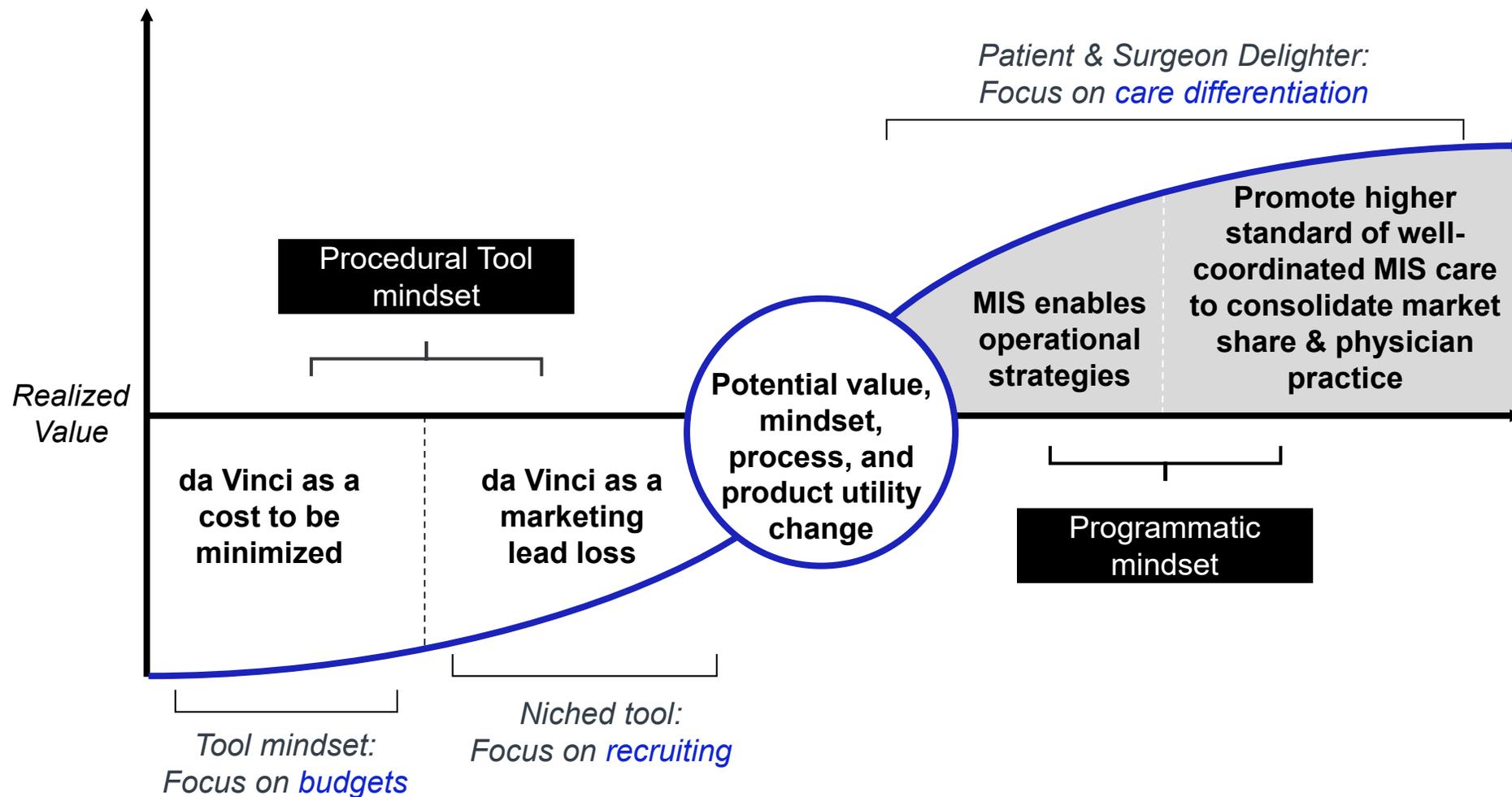
As an **Executive Leader Dyad**
 we believe you are the key for
Patient access to well coordinated MIS Care

Background and experience of the US MACA team

5 regional directors and 5 data scientists aligned to Intuitive's clinical regions

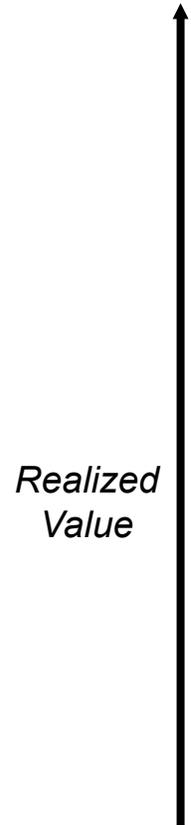
<p>113 Years of change management experience</p>	<p>14 MBAs/MHA/MS</p>	<p>100% Hospital or consulting background</p>	<p>St. Joe's Health Sisters of Charity Health Abrazo Health Providence St Joe's Advocate Aurora Grady WellStar Piedmont Sharp HealthCare San Diego State University Kaiser Permanente Texas Oncology Specialists</p>
<p>4 Lean Process Improvement Experts</p>	<p>3 VPs</p>	<p>1 Team within Intuitive's Ecosystem</p>	

To transform patient and surgeon experience organizational strategies & care coordination strategies must converge

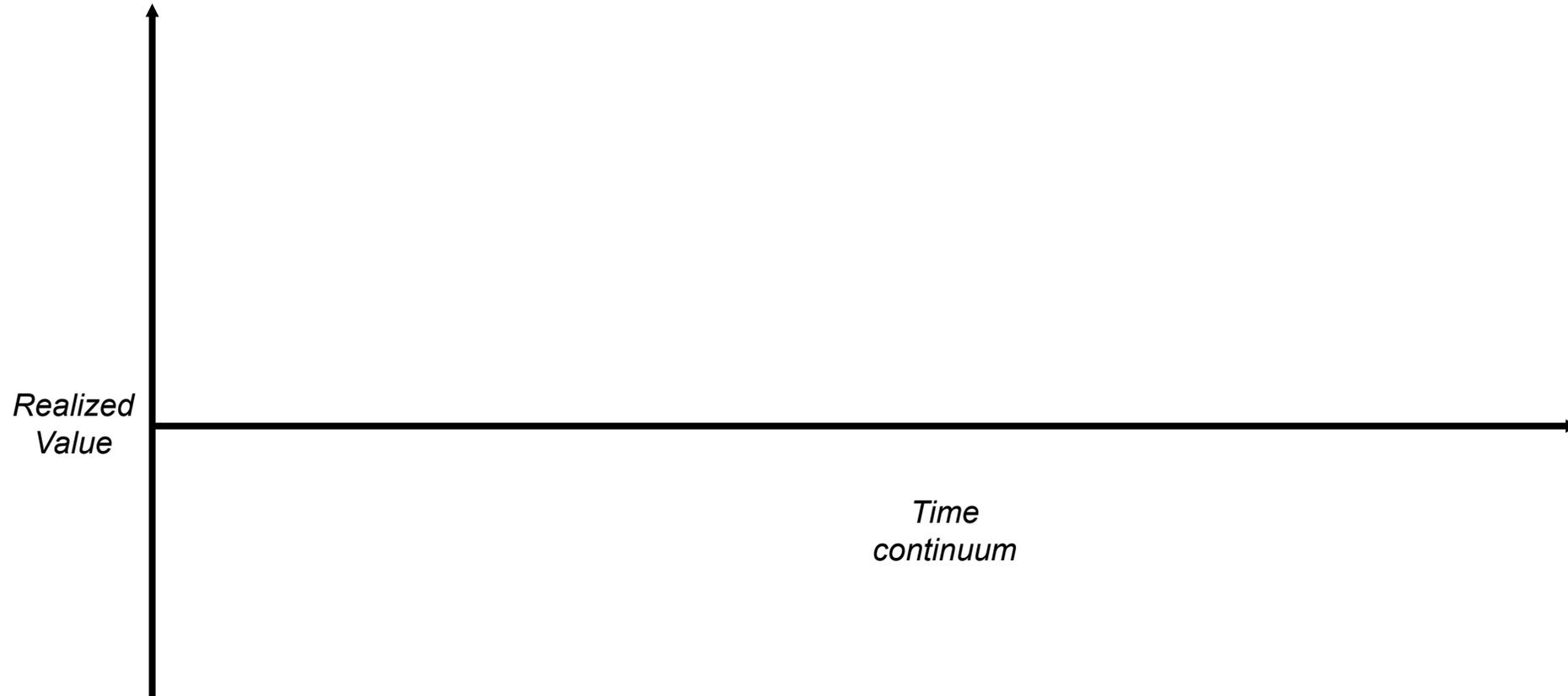


Health systems with a Programmatic approach to da Vinci take full advantage of MIS technologies and relates ecosystem resources to redefine care pathways; rethink processes, quality, and financial feasibility; and identify and address patient or surgeon needs.

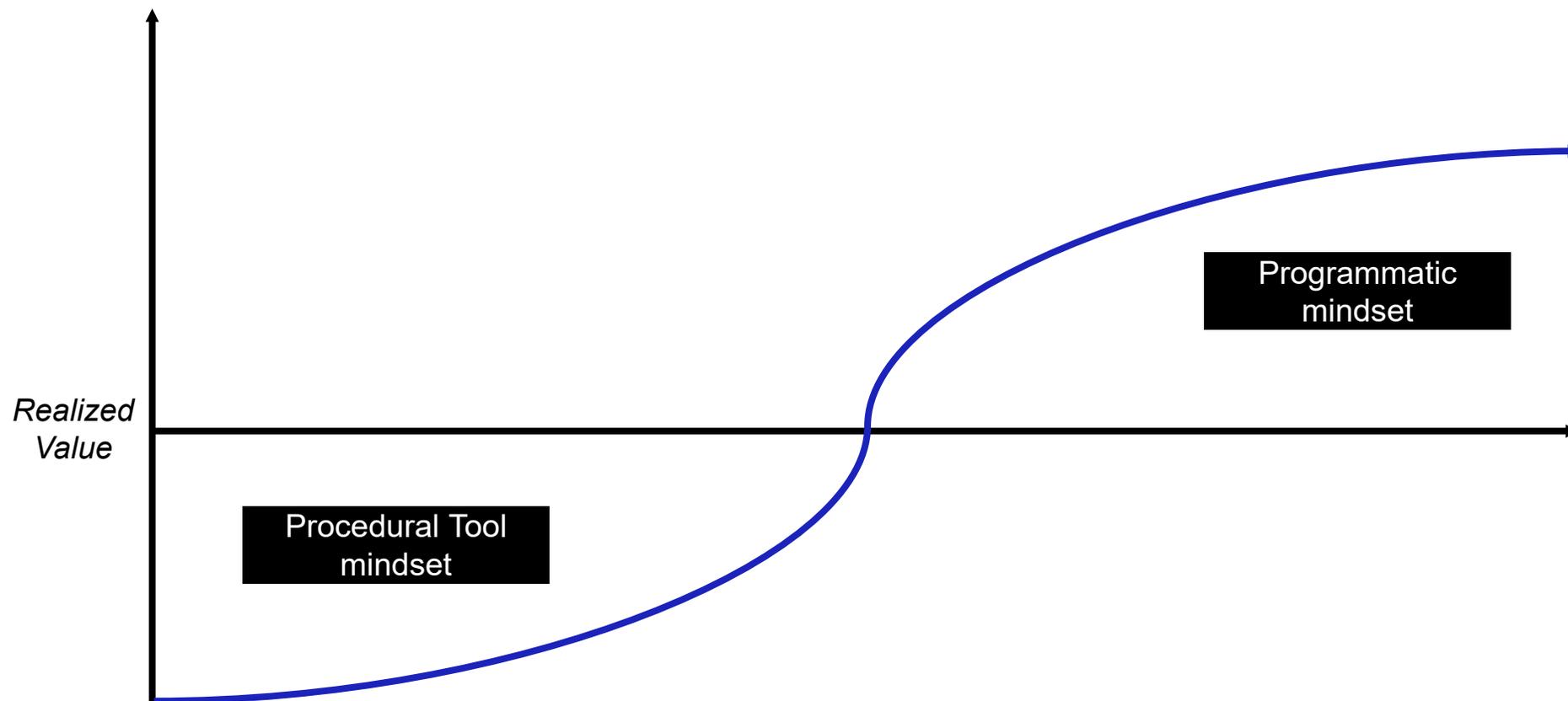
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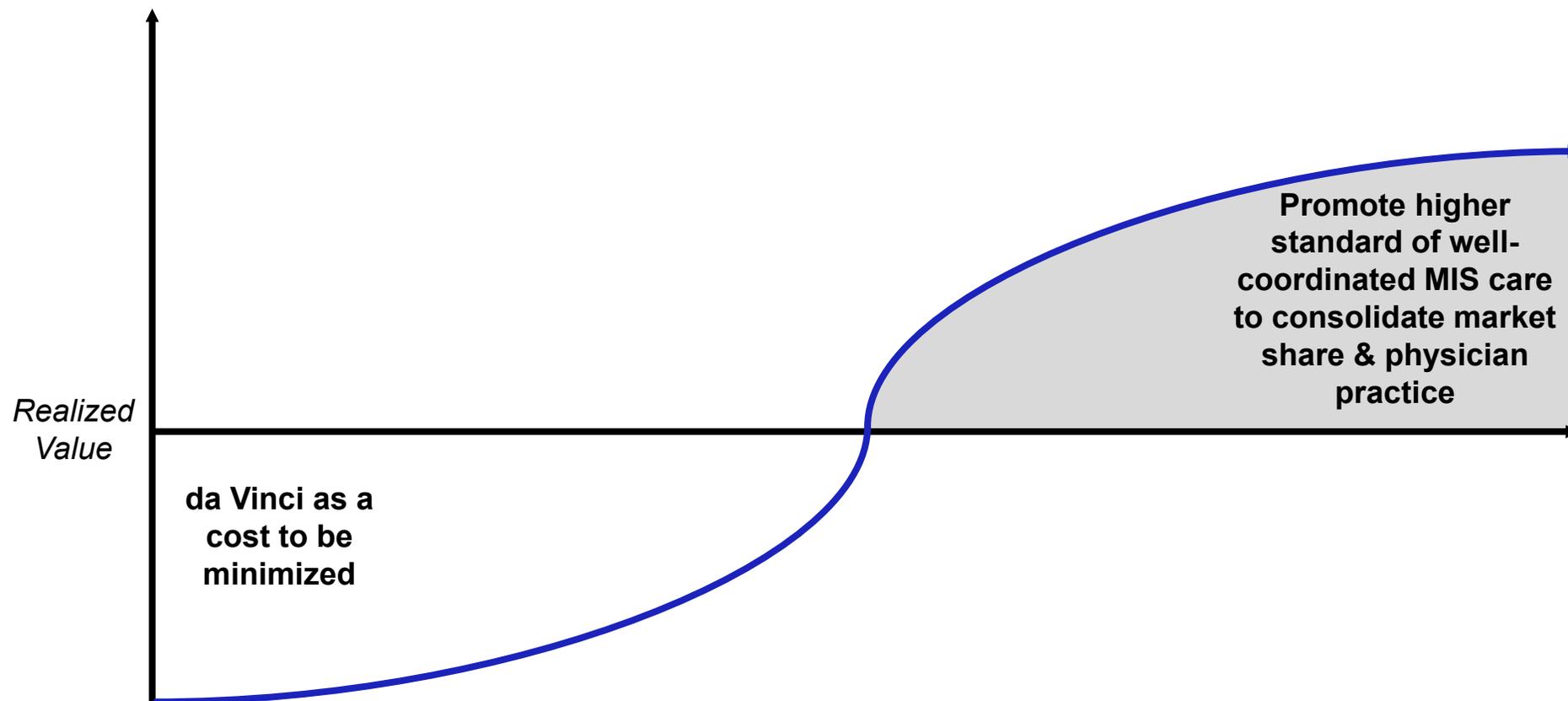
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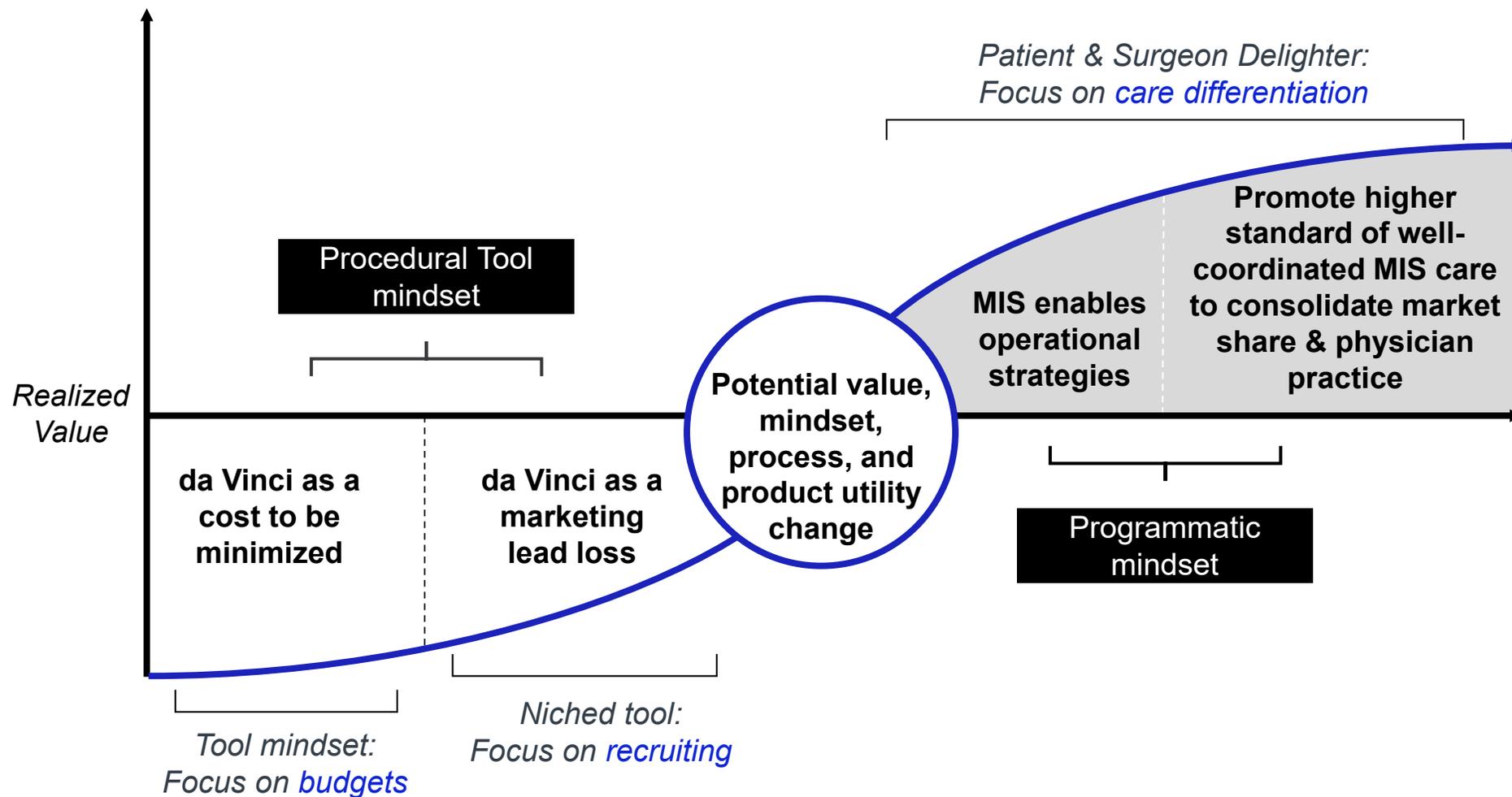
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To transform patient and surgeon experience organizational strategies & care coordination strategies must converge



To transform patient and surgeon experience organizational strategies & care coordination strategies must converge



Da Vinci Program Current State

Program Value Analysis

Answer **WHY** & **WHICH**

- Clinical, Financial and Operational Feasibility
- Peer Analysis and Program Benchmarking
- Best Practice Identification

Infrastructure Optimization

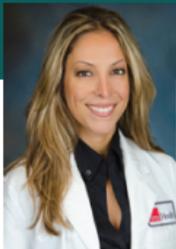
Optimize **WHAT** & **WHEN**

- System Productivity Analysis
- Block Utilization and Management
- Inventory Management and Carrying Cost

Growth Strategies

Engage **WHO** & share **HOW**

- Open to MIS Marketing Strategy
- Outpatient Migration Strategy
- Surgeons with Choice Analysis



Laila Rashidi MD, FACS, FASCRS

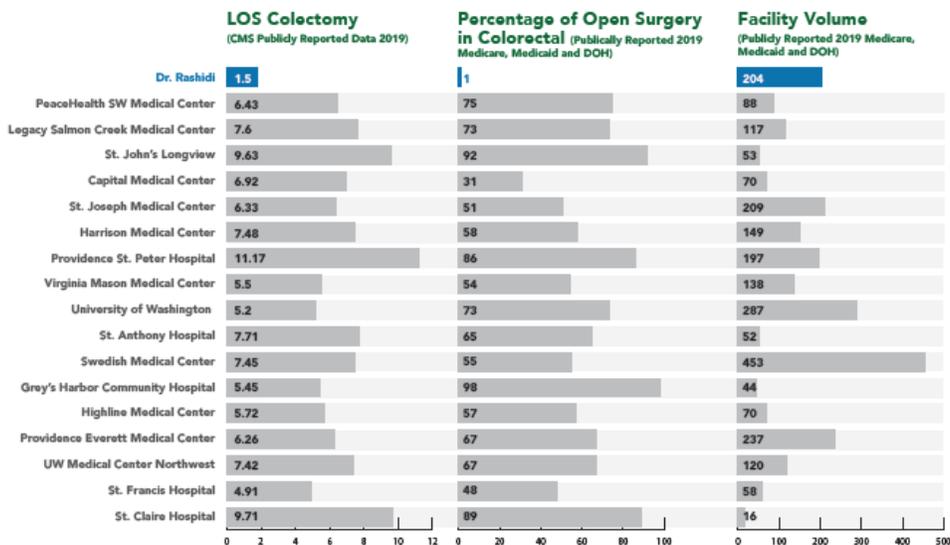
MultiCare  Tacoma General Hospital

BetterConnected

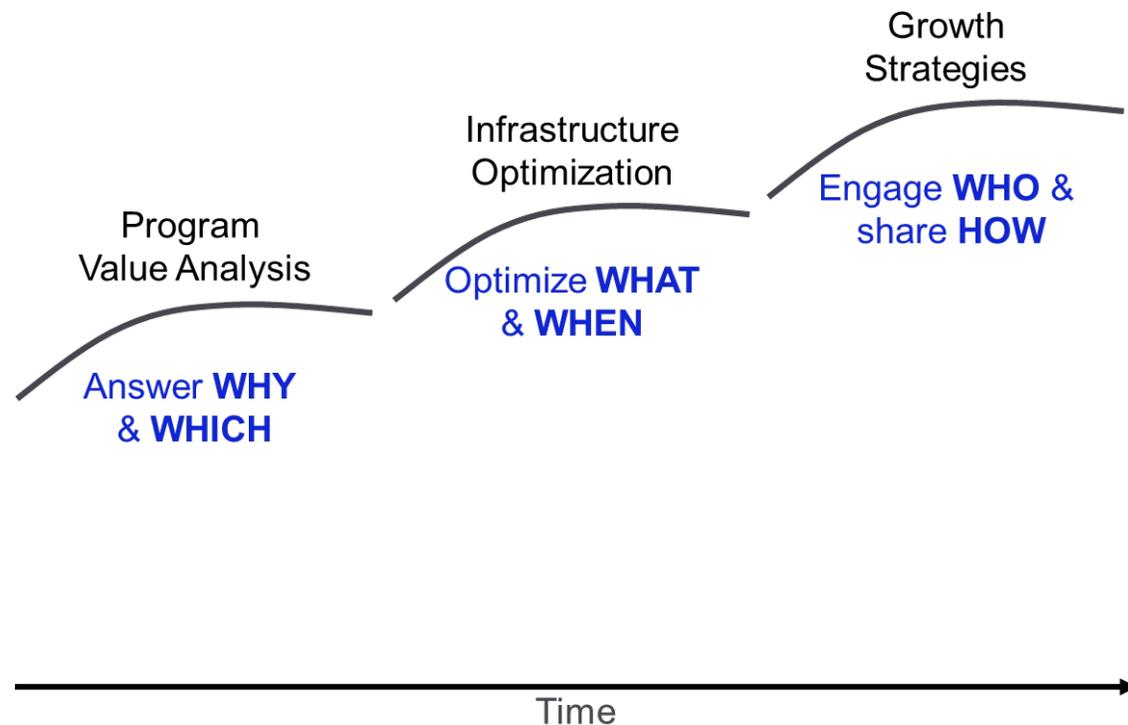
BENEFITS OF ROBOTIC COLORECTAL SURGERY FOR YOUR PATIENTS

Dr. Rashidi (Feb 2019 - Aug 2020)	Robotic Colon Resection (n=103)	Robotic Rectal Resection (n=199)	Emergent Cases Treated Robotic MIS (n=31)	Complex Combined Colorectal Surgeries with One or More Specialty (n=11)
LOS	1.5	1.45	2.98	1.68
Conversion Rate	0%	0%	.03%	0%
% of Surgery done MIS	100%	100%	99.96%	100%
ASA ≥ 3	33%	31%	53%	--

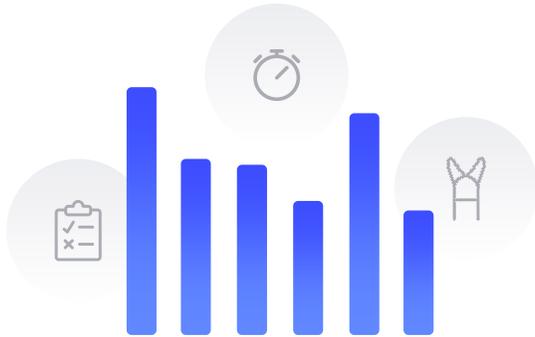
DR. RASHIDI COMPARED TO OTHER WASHINGTON STATE FACILITIES



Together we can build an understanding of what we are doing today, where the opportunities to optimize and how we celebrate best practices in your community.



Customize and deploy solutions leveraging our ecosystem programs and tools



Quantified Performance

Experience meets performance



Unified Ecosystem to Enable MIS

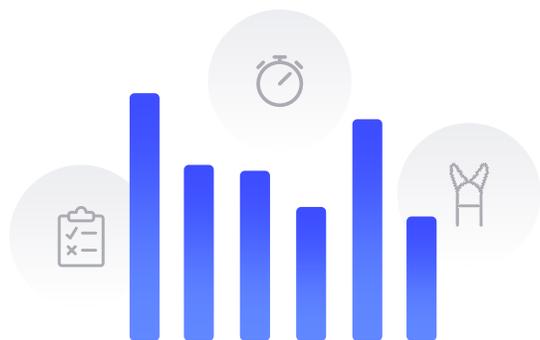
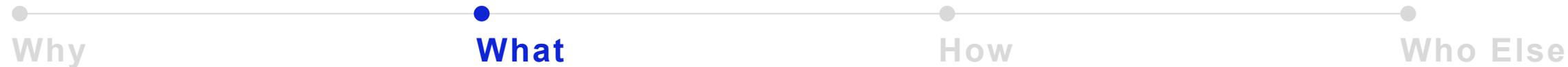
Spectrum of procedures and programs



Integrated Intelligence

Actionable digital insights across the care continuum

Customize and deploy solutions leveraging our ecosystem programs and tools



Quantified Performance

Experience meets performance



Unified Ecosystem to Enable MIS

Spectrum of procedures and programs
Services

1,457+

RWE consulting engagements

1,667+

Global Genesis engagements with care centers and hospitals³

541+

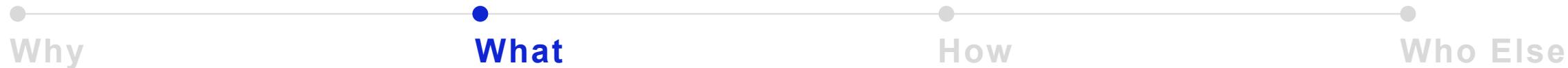
U.S. hospitals that have engaged with MACA³



Integrated Intelligence

Actionable digital insights across the care continuum

Two paths towards actionable intelligence thru Intuitive's digital resources

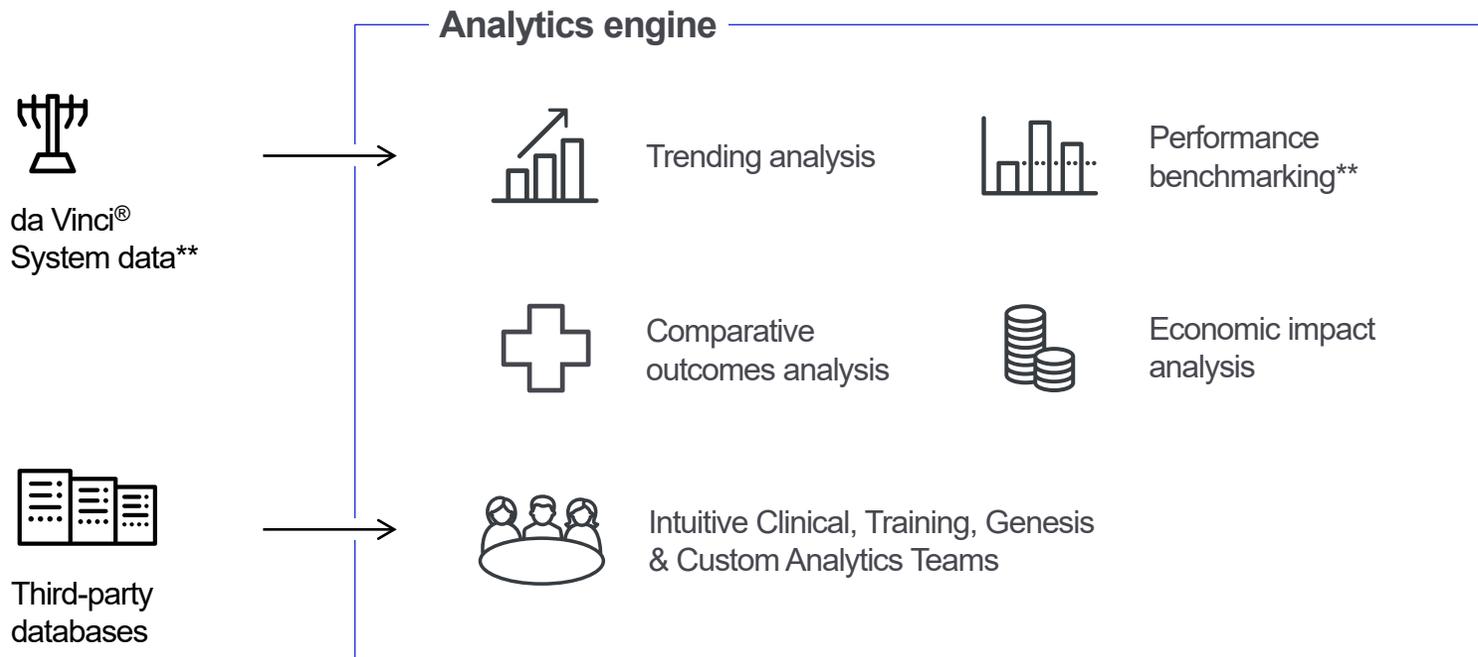
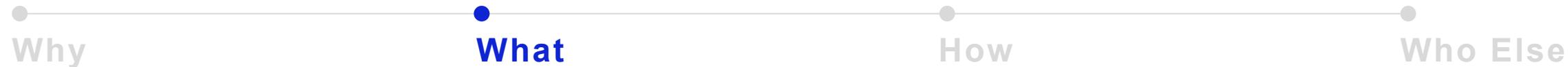


da Vinci®
System data**



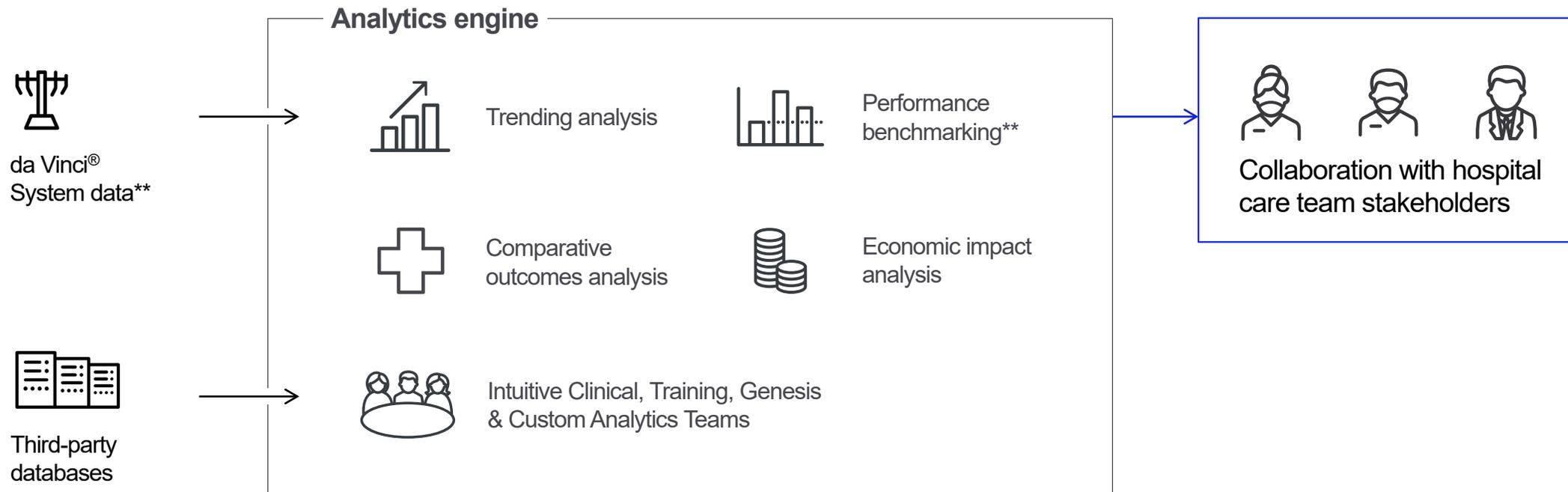
Third-party
databases

Intuitive invests significant resources connecting digital resources



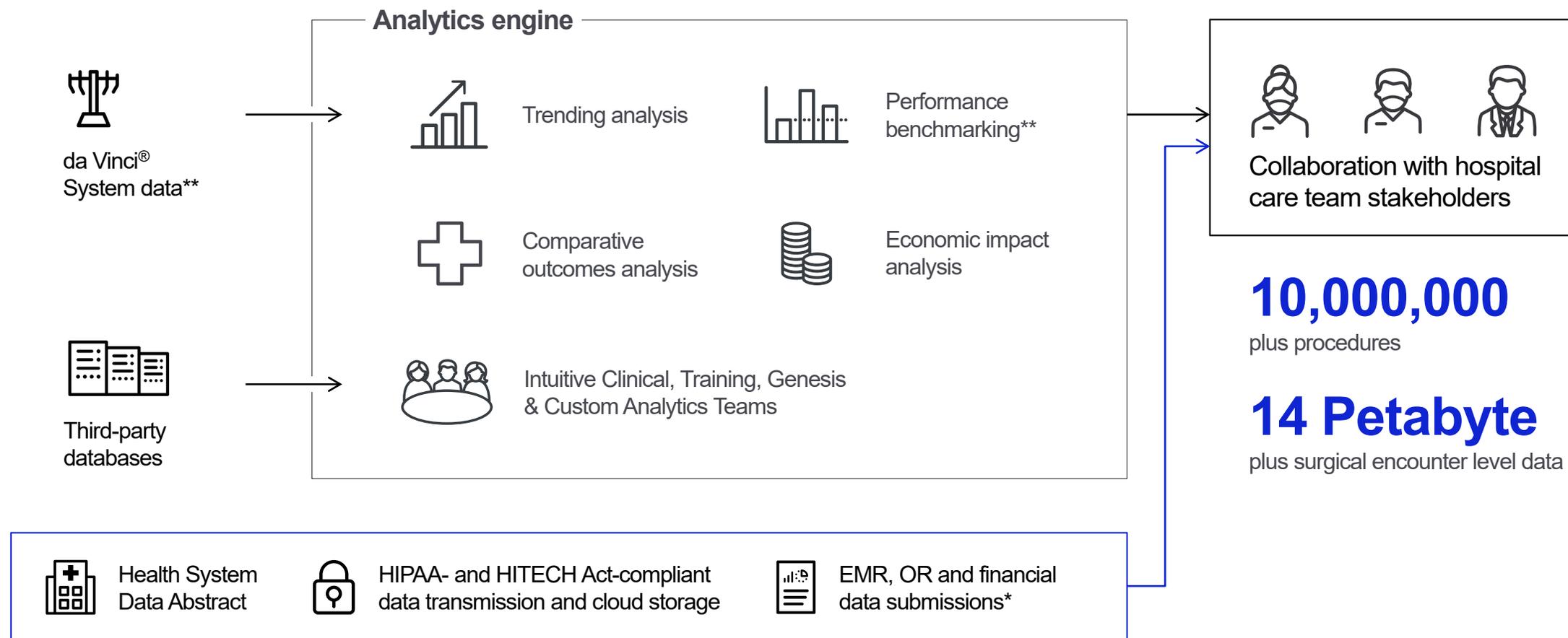
Purpose-built digital resources help Intuitive deliver on our brand promise

Why **What** How Who Else



Purpose-built digital resources help Intuitive deliver on our brand promise

Why **What** How Who Else



Customer Portal enables self service system DaVinci block utilization

Why

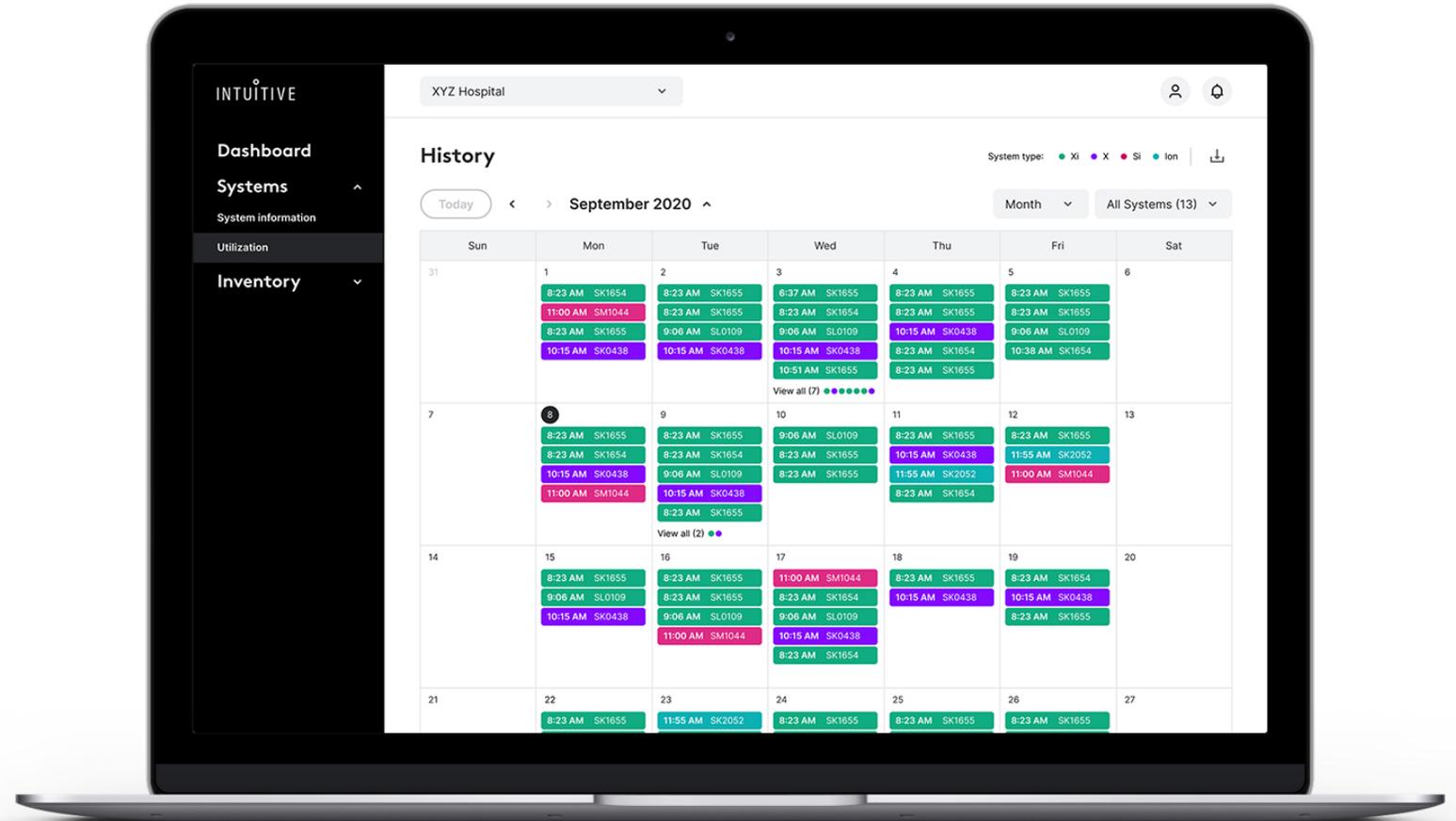
What

How

Who Else

Get an improved view of how your robotics program is utilizing systems in your hospital.

You can access daily and weekly usage rates within an easy-to-read calendar view.



My Intuitive App enables self service for surgeons

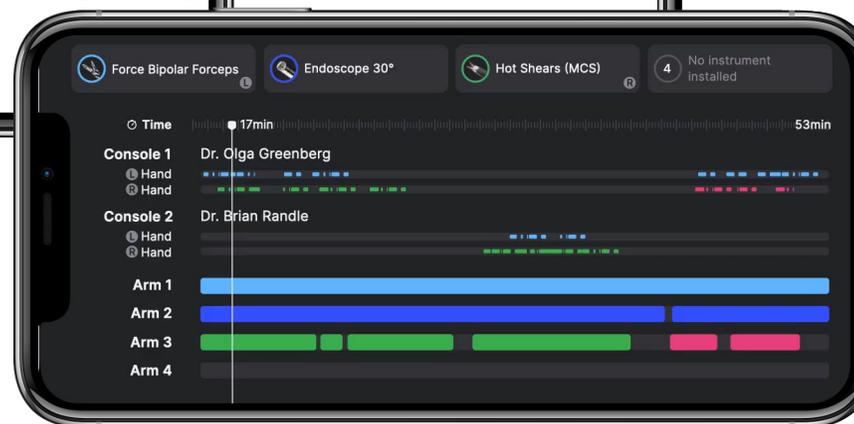
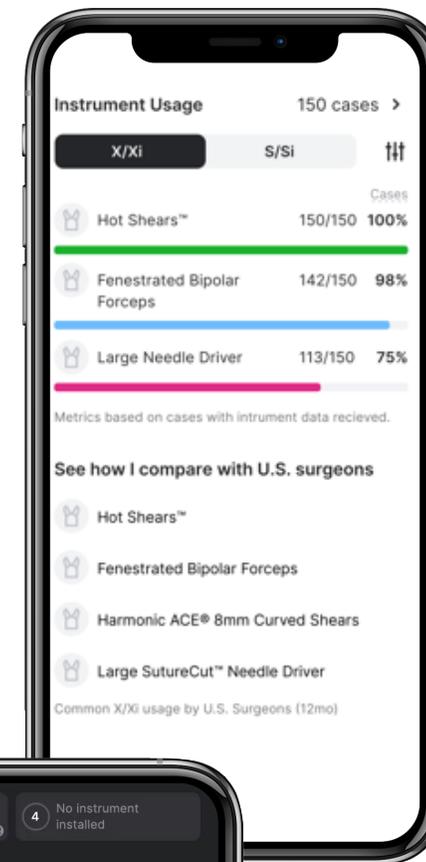
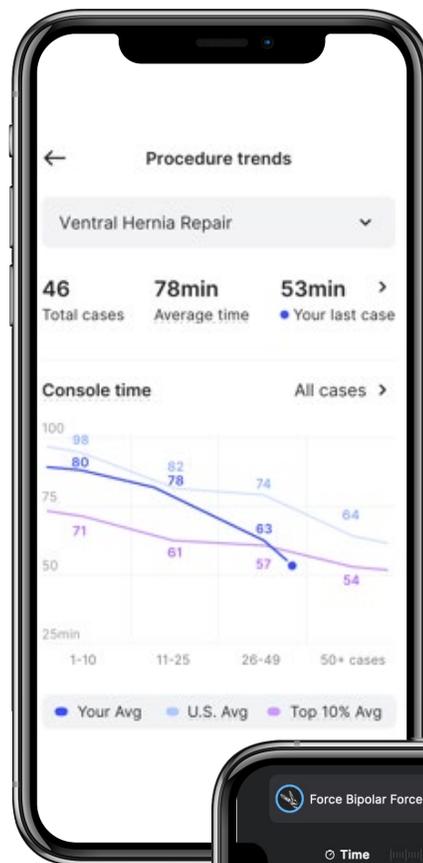
Why

What

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Surgeons can compare their objective performance indicators to U.S. Averages and top decile performance



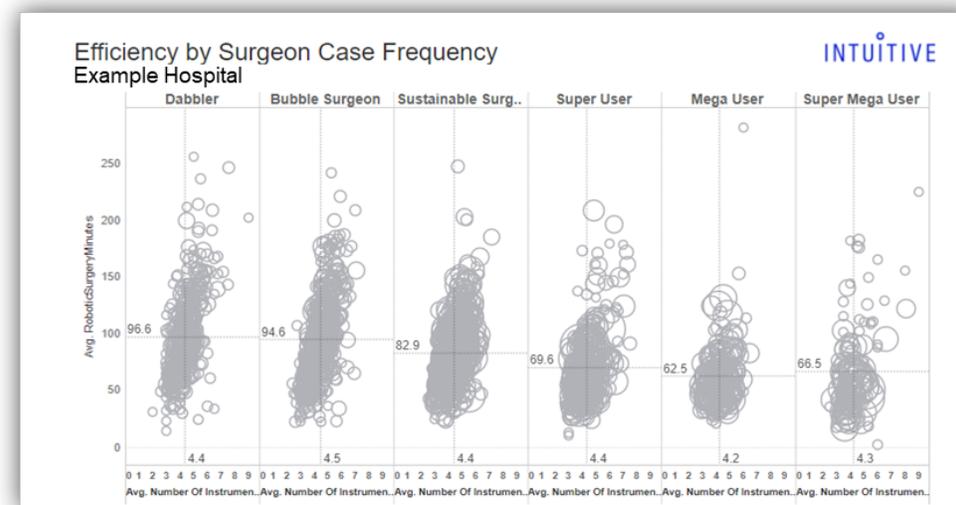
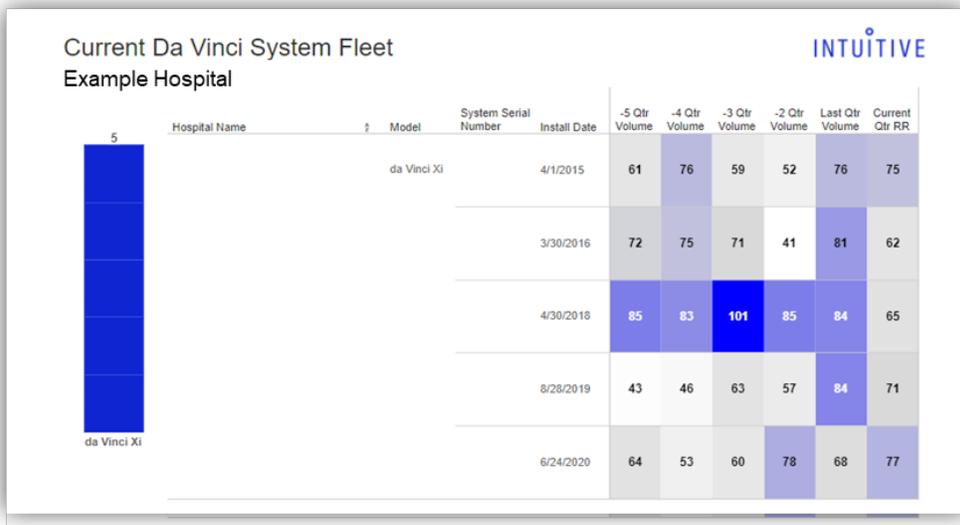
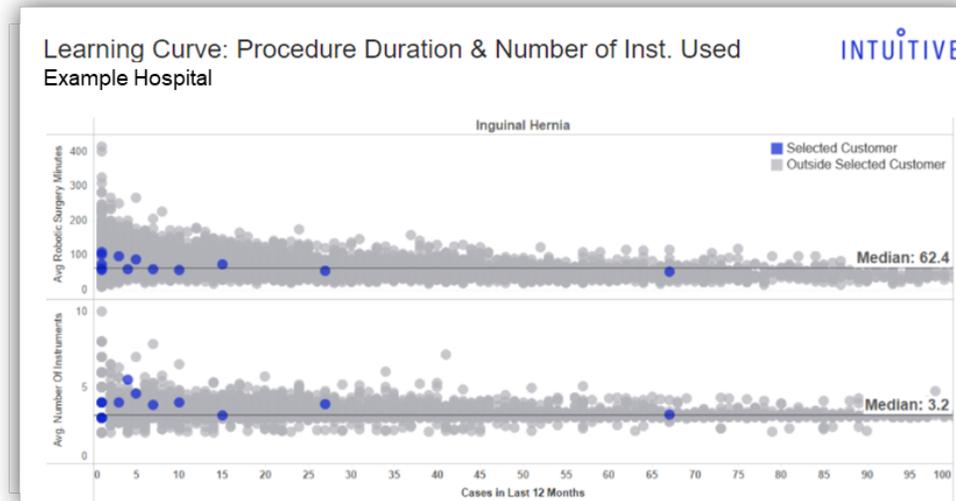
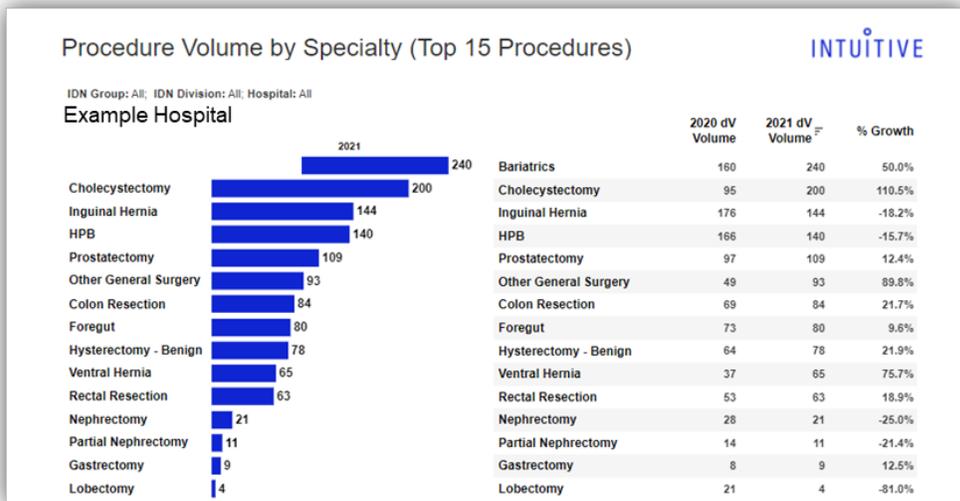
Purpose built dashboards for ESL offers program perspectives

Why

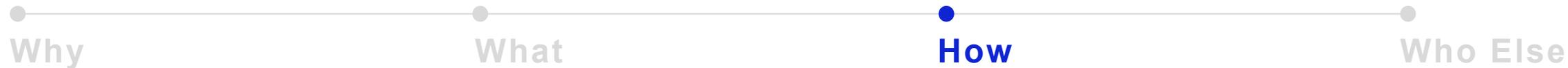
What

How

Who Else



Where we're going



Understanding the Current State of your own practice and Hospital's DaVinci program




Capacity & utilization

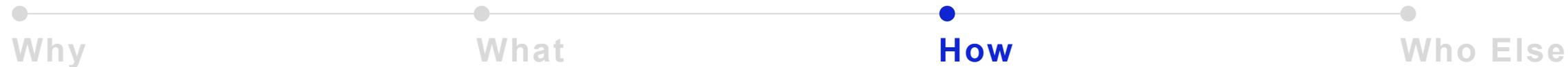

Trending analysis


Performance benchmarking



Robotics Steering Committee & Executive Alignment

Three central actors in our case study at Regional Health



Dr. Choice
Private Group



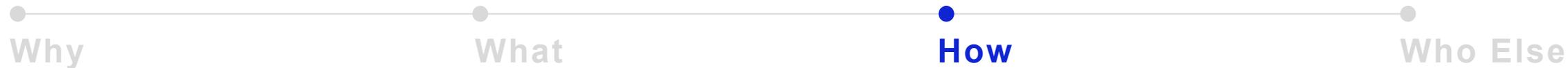
Dr. ESL
Oncology Group



Mr. Makniceplz
Chief Financial Officer



Three central actors in our case study at Regional Health



“I need more access.”

Dr. Choice
Private Group 

“My group recommended her to stop performing benign general surgery on DaVinci.”

Dr. ESL
Oncology Group 

“Can you please just figure it out?”

Mr. Makniceplz
Chief Financial Officer 

Three central actors in our case study at Regional Health



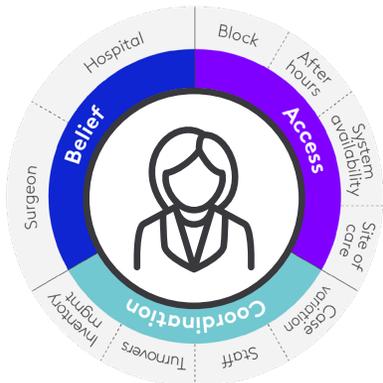
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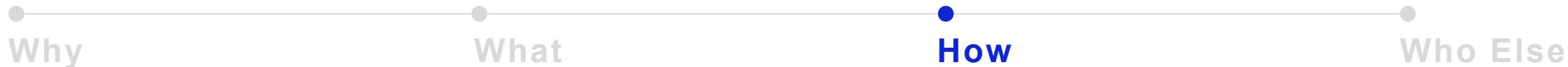



“Can you please just figure it out?”

Mr. Makniceplz
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Does Dr. Choice need more access?



“I need more access.”

Dr. Choice
Private Group

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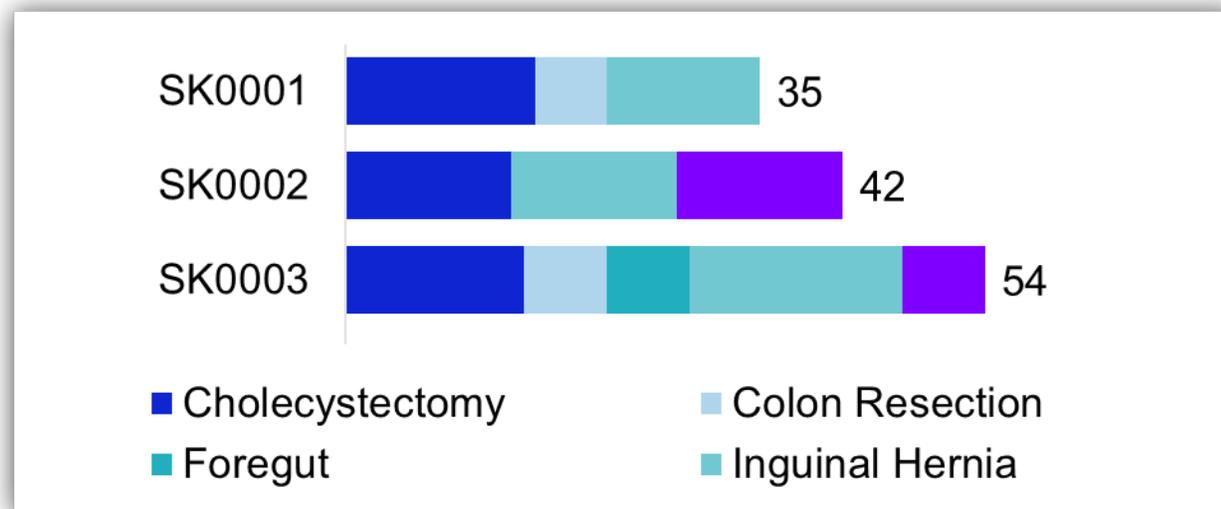
Dr. ESL
Oncology Group

“Can you please just figure it out?”

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Chief Financial Officer

How is Dr. Choice utilizing her DaVinci Block?

- Customer Portal
- ESL Current State Report



Dr. Choice is highly productive when she finds the time.

Why

What

How

Who Else

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Private Group



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Dr. Choice is in fact a model of resource maximization



“I need more access.”

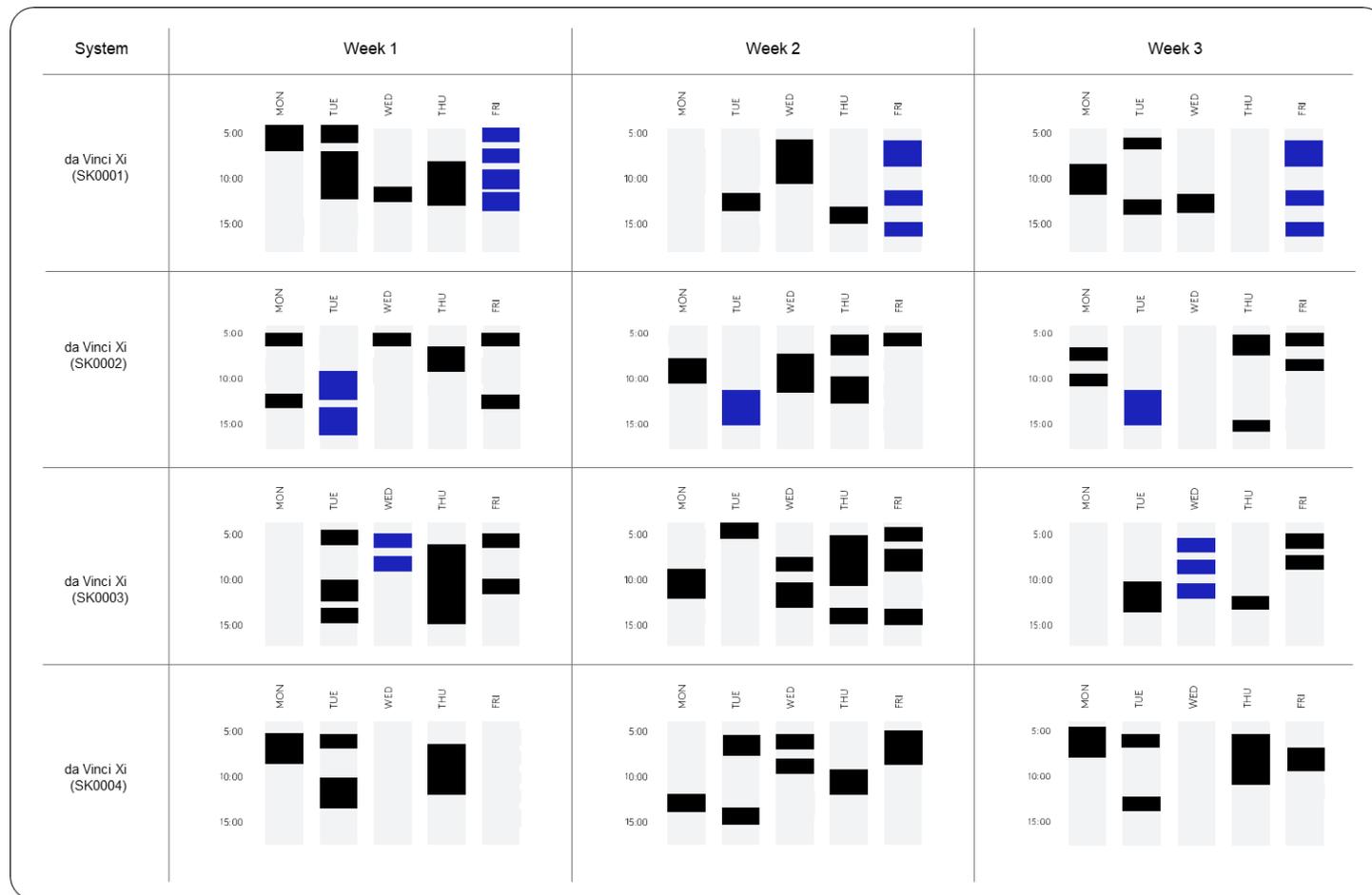
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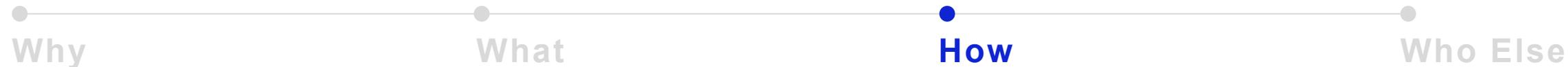
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Oncology Group

“Can you please just figure it out?”

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Chief Financial Officer



Perspectives change as the data evolves into insights



“I still need more access.”

Dr. Choice
Private Group



“We have to speak with the department leaders.”

Dr. ESL
Oncology Group



“We have an opportunity to increase utilization by 100%.”

Mr. Makniceplz
Chief Financial Officer



	Annual Procedure Volume	Idle Days	Days with only one procedure	Total Time Slots Available
SK0001,Dual Console Xi	243	101	86	288
SK0002,Dual Console Xi	256	100	80	280
SK0003,Single Console Xi	344	44	106	194
SK0004,Dual Console Xi	236	104	95	303
SK0005,Dual Console Xi	257	80	118	278
Grand Total	1,336	429	485	1,343

We still needed to address the Belief constraint in benign general surgery



“I need more access.”

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Private Group



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Oncology Group



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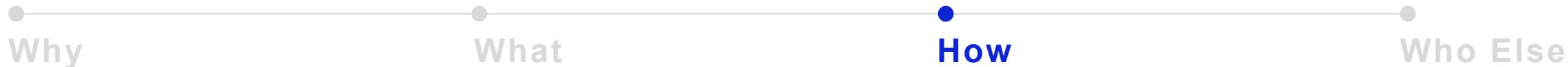
Should Dr. Choice stop performing benign general surgery?

- Quantify the Impact tool
- Clinical, Financial, and Operational feasibility study

“The benign general surgery procedures cost more on the robot”

“The outpatient procedures take too long on the robot”

Over half of you in this room can create this level of specificity



“I need more access.”

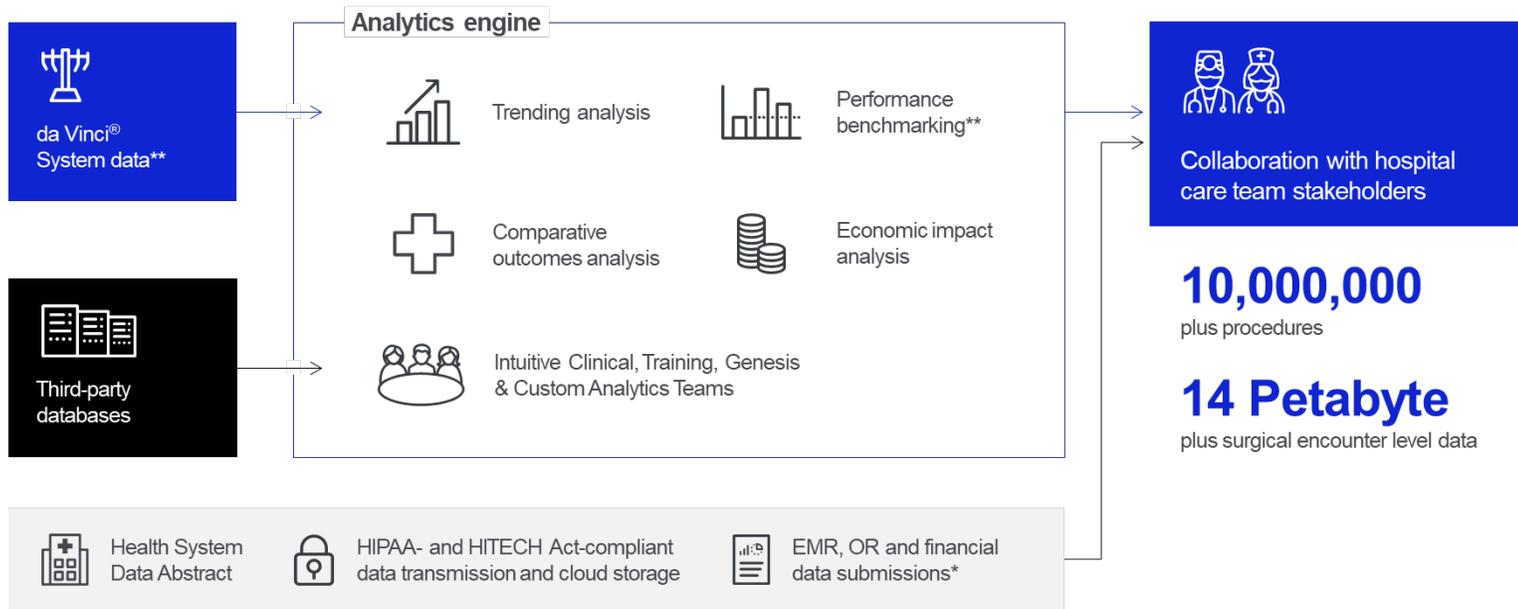
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10,000,000
plus procedures

14 Petabyte
plus surgical encounter level data

Conversations evolve when we provide insights by real-world evidence

Why

What

How

Who Else

“I need more access.”

Dr. Choice
Private Group



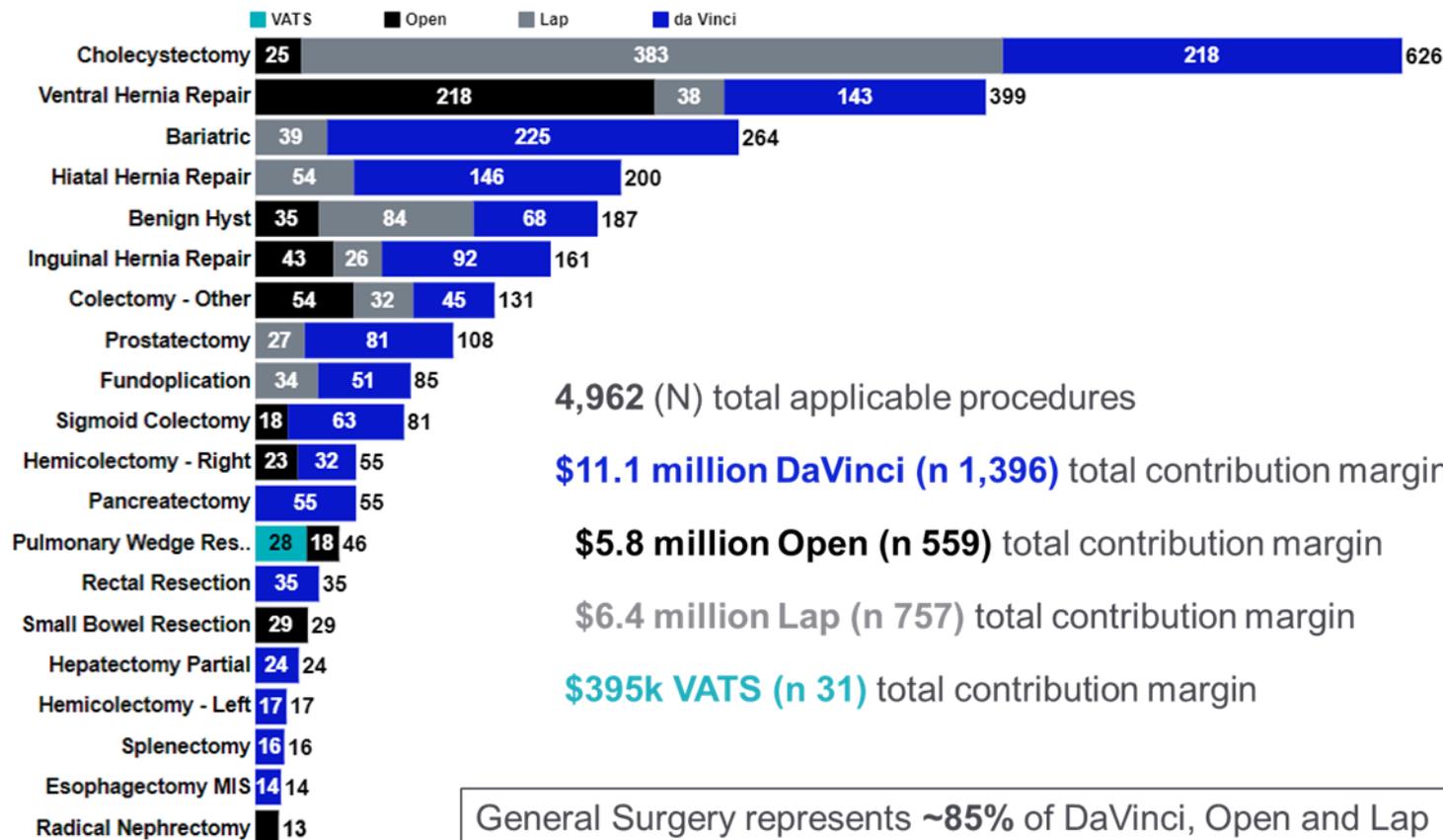
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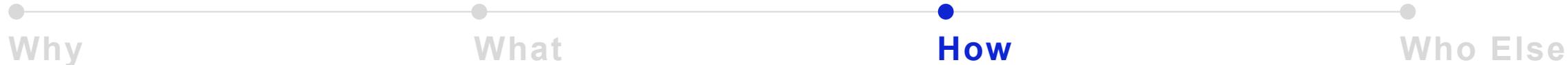
“Can you please just figure it out?”

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General Surgery represents ~85% of DaVinci, Open and Lap

The group advocating a DaVinci Chole moratorium perform them



“I need more access.”

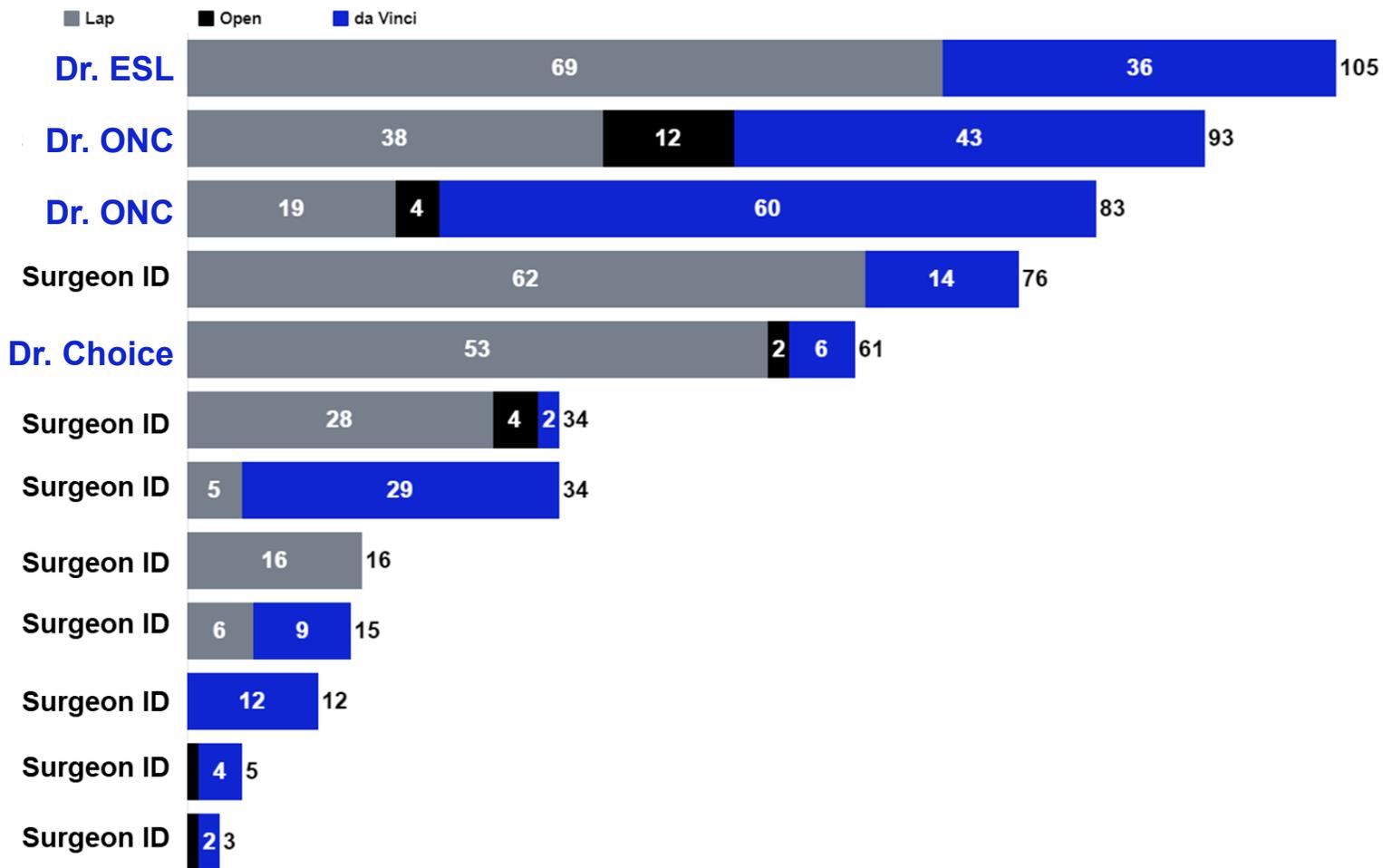
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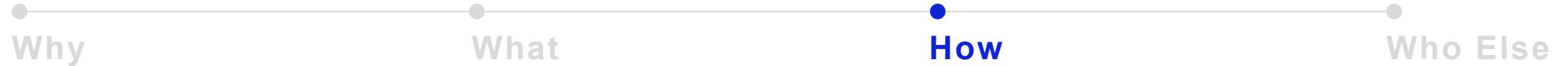
“Can you please just figure it out?”

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The DaVinci modality contributed \$1,378,880 in margin during 2020

For those keeping score



“I need more access.”

Dr. Choice
Private Group

“My group recommended her to stop performing benign general surgery on DaVinci.”

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Oncology Group

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Chief Financial Officer

Dr. Choice is spending a great deal of time balancing the block available on **3 robots**

Dr. ESL’s **group is performing the same safe and profitable procedures** they are advocating Dr. Choice to stop performing

Dr. Choice and the other surgeons generated **\$2.1 million in contribution margin** previous year

There are **1,300+ prime time slots available** across all five robots

Regional Health OR Utilization Scenarios

Making the use case for change in order to create a path forward

Scenario 1: Maintain

No Intervention

Number of Active Systems: **2 systems**

Current System Productivity:

22 procedures
per system per month

Current Lost Opportunity:

61
idle days per month

Current **Weekdays** with dV Cases to Follow:

42%
of dV OR days each month

Estimated Quarterly Volume: **264 cases**

Productivity Gains:

0%

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0%

Scenario 2: Tweak the Peak

5 days a week & 2 procedures per day

Number of Active Systems: **2 systems**

Potential System Productivity:

40 procedures
per system per month

Potential Lost Opportunity:

32
idle days per month

Potential **Weekdays** with dV Cases to Follow:

100%
of dV OR days each month

Estimated Quarterly Volume: **480 cases**

Productivity Gains:

+82%

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100%
of dV OR days each month

Estimated Quarterly Volume: **480 cases**

Productivity Gains:

+82%

Scenario 3: Expanded Access

7 days a week & 3 procedures per day

Number of Active Systems: **2 systems**

Potential System Productivity:

90 procedures
per system per month

Potential Lost Productivity:

0
idle days per month

Potential **Total Days** with dV Cases to Follow:

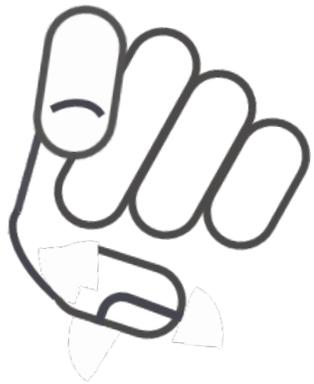
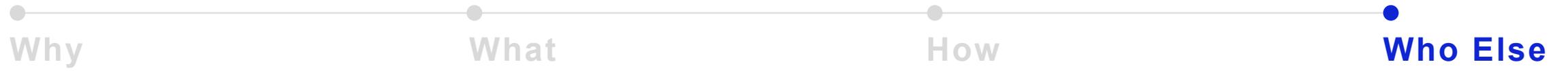
100%
of dV OR days each month

Estimated Quarterly Volume: **1,080 cases**

Productivity Gains:

+309%

Where we're going



You

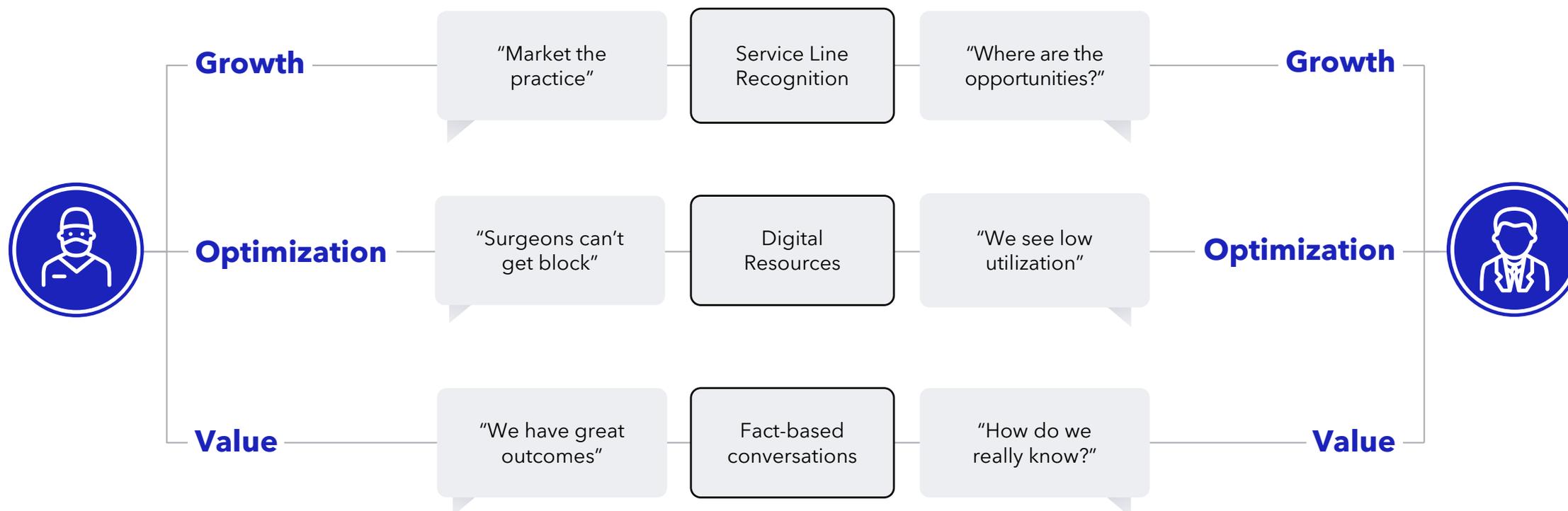
Helping Hands thru the Hospital's Plan

Aligning your own organization's success metrics back to well-coordinated minimally invasive care

<p>01 <input checked="" type="checkbox"/></p> <p>Finance</p> <ul style="list-style-type: none"> Achieve Adjusted Operating Margin Decrease LOS Index Decrease Budgeted Expenses 	<p>02 <input checked="" type="checkbox"/></p> <p>Growth</p> <ul style="list-style-type: none"> Increase New Ambulatory Encounter Increase Surgical Cases Increase % FCOTS 	<p>03 <input checked="" type="checkbox"/></p> <p>People</p> <ul style="list-style-type: none"> Improve Diversity Improve Engagement Improve Retention 	<p>04 <input checked="" type="checkbox"/></p> <p>Quality & Safety</p> <ul style="list-style-type: none"> Improve Culture of Safety Improve ACO Quality Measures Increase Inpatient Quality Care 	<p>05 <input checked="" type="checkbox"/></p> <p>Service</p> <ul style="list-style-type: none"> Improve Service
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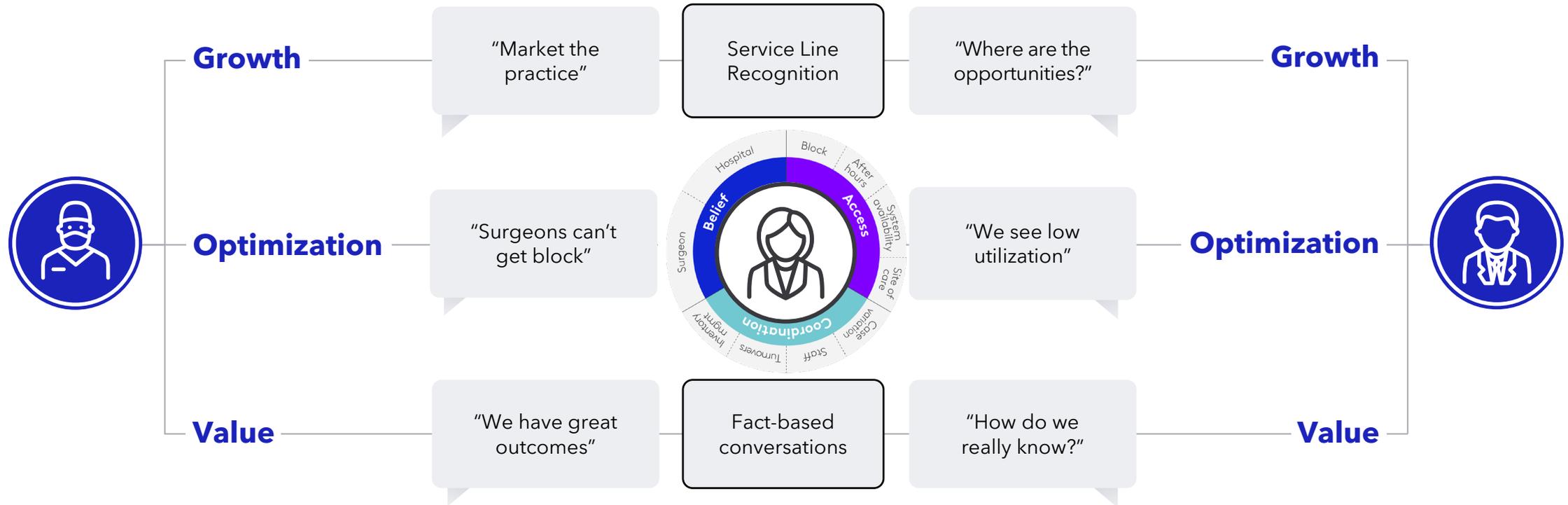
Speed of trust is accelerated by transparency

Sharing fact-based perspectives reduce the emotion and ...



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Where we're going



You are not alone:

Getting your House in Order,
Understanding Your Current State and
Creating Case for Change.

There are people, resources and apps for that.

Da Vinci Program Current State

Program Value Analysis

Answer **WHY** & **WHICH**

- Clinical, Financial and Operational Feasibility
- Peer Analysis and Program Benchmarking
- Best Practice Identification

Infrastructure Optimization

Optimize **WHAT** & **WHEN**

- System Productivity Analysis
- Block Utilization and Management
- Inventory Management and Carrying Cost

Growth Strategies

Engage **WHO** & share **HOW**

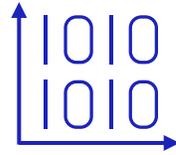
- Open to MIS Marketing Strategy
- Outpatient Migration Strategy
- Surgeons with Choice Analysis

Three central themes as you begin your own journey



You already have an important day job

Structure, membership, and purpose allow the executive leadership dyad team to delegate through empowerment.



Digital resources simplify the complex

Fact-based decision-making cuts through the noise and provides better signals for opportunity. Facts are better shared.



Go fast, go alone. Go far, together.

Draw from the experience of 25+ years of innovation and more than 10 million minimally invasive procedures performed globally using the da Vinci system.

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INTUITIVE

Thank you



IMPORTANT INFORMATION

Financial Disclosure

This material has been developed with, reviewed and approved by an independent surgeon(s) who is not an Intuitive employee. This independent surgeon(s) has received compensation from Intuitive for consulting and/or educational services.

Limitations of Marketing Guidance

The implementation of a da Vinci Surgery program is practice and hospital specific. Results may vary. Past customer experience does not imply any guarantee of results in practice or program success.

When considering cost-effectiveness of an advanced technology like Intuitive products, we recommend that hospitals perform a full cost-benefit analysis, considering not just the operating room costs but the costs associated with hospital stays, procedure-related complications and hospital re-admissions.

Endorsement Limitations

Spontaneous opinions expressed during live presentations by participants belong to those individuals. These opinions are not necessarily shared by Intuitive, Inc.

Trademarks

Product names are trademarks or registered trademarks of their respective holders. See www.intuitive.com/trademarks.

Da Vinci Systems

Depending on an individual hospital's decision for using da Vinci® products, some presented information may refer to unapproved uses (procedures) for the da Vinci systems. For a list of current On Label procedures, refer to the respective da Vinci System User Manual(s).

Da Vinci Xi/X System

The demonstration of safety and effectiveness for the specific procedure(s) discussed in this material was based on evaluation of the device as a surgical tool and did not include evaluation of outcomes related to the treatment of cancer (overall survival, disease-free survival, local recurrence) or treatment of the patient's underlying disease/condition. Device usage in all surgical procedures should be guided by the clinical judgment of an adequately trained surgeon.

Da Vinci SP System (TORS and URO)

The safety and effectiveness of this device for use in the performance of general laparoscopic surgery procedures have not been established. This device is only intended to be used for single port urological procedures and for transoral otolaryngology surgical procedures in the oropharynx for benign tumors and malignant tumors classified as T1 and T2 with the da Vinci EndoWrist SP Instruments and the da Vinci SP surgical system (SP1098).

Da Vinci Instrument & Accessory Care

It is the responsibility of the owner of the da Vinci surgical system to properly train and supervise its personnel to ensure that the instruments and accessories are properly cleaned, disinfected and sterilized as required by the User's Manual. The da Vinci products should not be used in a clinical setting unless the institution has verified that these products are properly processed in accordance with the da Vinci System User's Manual.

Important Safety Information

Serious complications may occur in any surgery, including da Vinci Surgery, up to and including death. Examples of serious or life-threatening complications, which may require prolonged and/or unexpected hospitalization and/or reoperation, include but are not limited to, one or more of the following: injury to tissues/organs, bleeding, infection and internal scarring that can cause long-lasting dysfunction/pain.

Risks specific to minimally invasive surgery, including da Vinci Surgery, include but are not limited to, one or more of the following: temporary pain/nerve injury associated with positioning; a longer operative time, the need to convert to an open approach, or the need for additional or larger incision sites. Converting the procedure could result in a longer operative time, a longer time under anesthesia, and could lead to increased complications. Contraindications applicable to the use of conventional endoscopic instruments also apply to the use of all da Vinci instruments.

For Important Safety Information, indications for use, risks, full cautions and warnings, please also refer to www.intuitive.com/safety.

Individual outcomes may depend on a number of factors, including but not limited to patient characteristics, disease characteristics and/or surgeon experience.

Information Disclosure

The material presented represents the views and opinions of independent surgeons based on their practice and personal experience performing surgery with the da Vinci surgical system. Their experience may or may not be reproducible and is not generalizable.

Ion System

Ion is for sale in the US.

Outside of the US, Ion is not CE Marked and not for human use. Ion cannot be placed on the market or put into service. Ion may not have regulatory approvals in all markets. Please check with your local Intuitive representative.

Important Safety Information

Risks associated with bronchoscopy through an endotracheal tube and under general anesthesia are infrequent and typically minor, and may include but are not limited to: sore throat, hoarseness, respiratory complications including dyspnea or hypoxemia, airway injury, bronchospasm, laryngospasm, fever, hemoptysis, chest or lung infection including pneumonia, lung abscess or an adverse reaction to anesthesia. Although rare, the following complications may also occur: bleeding, pneumothorax (collapsed lung), cardiac related complications, respiratory failure, air embolism, or death. As with other medical procedures, there may be additional risks associated with the use of general anesthesia and/or endotracheal intubation which are not listed above; you should consult a health care professional regarding these and other potential risks.

Procedures using the Ion Endoluminal System may be associated with longer procedure and/or longer anesthesia time.

Information Disclosure

The material that will be presented represents the views and opinions of independent physicians based on their practice and personal experience using the Ion Endoluminal System. The data that will be presented is single physician experiences. The results may or may not be reproducible and are not generalizable.