



# Growth Strategy in Health Systems

## Am I Making the Right Investments for Long-Term Success?

So much of the long-term success we strive for depends on the decisions and the investments we make today. Every day, we balance cost vs. value. Will an investment for my OR pay off for the growth and success of my health system? How do I know Intuitive's da Vinci is in line with my long-term growth strategy?

### Here are some things to consider:

#### 1. Is my health system keeping up with the pace of innovation?

When it comes to having a successful hospital or health system, your long-term success depends on following the growth and trends in the industry.

Over the past 10 years, open and laparoscopic surgery have decreased across multiple specialties, while surgery performed using a da Vinci surgical system continues to grow\*. It's important to invest in technological and medical advancements that go where science is going.

**OK, the ROI is great.**

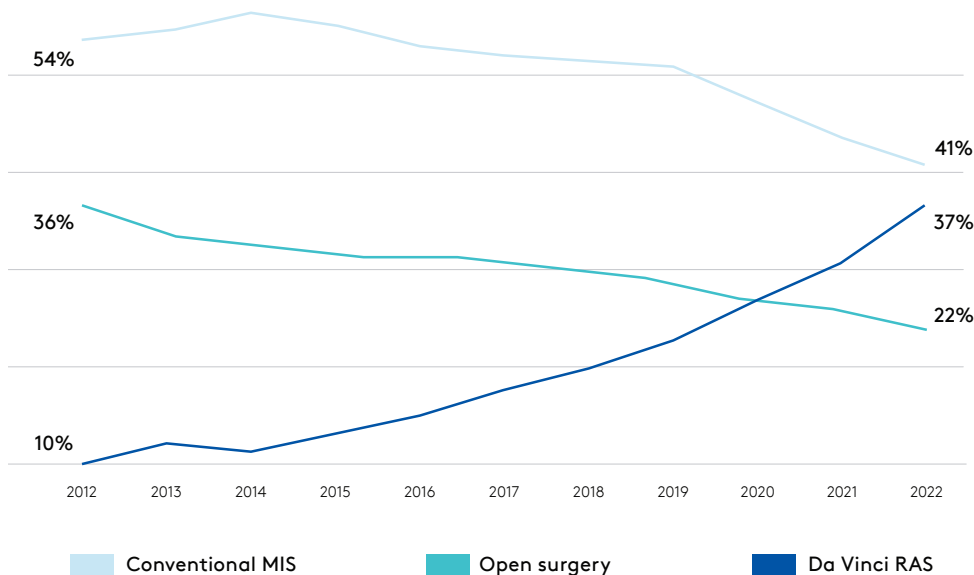
**But what about upfront cost?**

Our aim is to help you meet your patient care, operational efficiency, and financial goals. Intuitive understands that our customers define acquisition and affordability differently, and that for each customer this can change over time. We also understand that even cost vs. value doesn't matter if the upfront cost is too much. That's why we offer a variety of in-house, flexible acquisition models. Our cost-effective options help customers best acquire and utilize robotic surgical systems, tailored to meet customers' current needs with a path of feasibility as their programs grow and evolve.

[Learn more](#)

### 10-Year Growth Trends in da Vinci Surgery

U.S. modality trends\*



\*Estimated volume of hospital inpatient and outpatient procedures, including: Bariatrics, Cholecystectomy, Colorectal, Foregut, Inguinal Hernia, Ventral Hernia, Hysterectomy - Benign & Malig., Lung Resection, Nephrectomy - Partial & Radical, and Prostatectomy procedures. Intuitive internal estimates based on hospital inpatient and outpatient procedure data available from IQVIA (formerly IMS Health) for 2012 - 2021, with 2022 estimates extrapolated from 2021. Da Vinci surgery volumes are for 2012 - 2022, which also includes procedures performed at ambulatory surgery centers. Data analysis, including ICD-9 and ICD-10 codes, are on file at Intuitive. Data and conclusions should be considered preliminary unless published in peer-reviewed journal.

### 2. How can I increase my market share?

Investments that can help you gain market share are critical for long-term success.

- How can rural hospitals become an attractive and dependable location for patients who require surgery?
- How can health systems in large cities attract and retain top surgeons?
- How can you reduce length of stay, lower bed usage and increase throughput, and increase inpatient revenue opportunity?
- How can you help patients feel like they're in the best hands possible?

Robotic-assisted surgery (RAS) with a da Vinci surgical system can help make a difference.

<b>77%</b> of resident applicants believed robotic surgery would be very important to their future <sup>1</sup>	<b>47%</b> Growth from new surgeons trained on da Vinci® systems through a residency or fellowship <sup>2</sup>	<b>1,450+</b> Total equivalency certificates, 2021-2022 academic year <sup>2</sup>
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### 3. The value of better clinical outcomes

Long-term strategy includes weighing cost vs. value, as well as considering downstream cost savings. Consider the savings that come with the improved clinical outcomes that have been proven when using the da Vinci surgical system in certain procedures.

#### Quantified Performance in Maturing Clinical Evidence

Outcomes that favor RAS		
	vs. Lap	vs. Open
<b>Conversions</b>	52% Less likely overall	
<b>Blood transfusions</b>	28% less likely	74% less likely
<b>30-day complications</b>	15% less likely	37% less likely
<b>Length of stay</b>	0.35 days shorter	2.12 days shorter
<b>30-day mortality</b>	37% less likely	60% less likely

Comparable		
	vs. Lap	vs. Open
<b>30-day readmissions</b>	Comparable outcome	Comparable outcome
Favors open/lap		
	vs. Lap	vs. Open
<b>Operative time</b>	18.5 minutes longer	39.6 minutes longer

\*Results are based on an internal, unpublished meta-analysis of peer-reviewed literature for robotic-assisted prostatectomy, LAR/TME, lobectomy, hysterectomy, partial nephrectomy, right colectomy published between 2010- 2019. The summary of clinical outcomes results are reflective of a weighted meta-analysis of high level of evidence publications. While the meta-analysis results provide a single conclusion that is statistically significant or not statistically significant, the results of various outcomes are subject to variability described by the 95% CI. This analysis includes published literature that may show comparable or better results for other surgical modalities. The outcomes for other individual procedures may depend on a number of factors, including but not limited to patient characteristics, disease characteristics, and/or surgeon experience.

1. Krause, W., Bird, J. The importance of robotic-assisted procedures in residency training to applicants of a community general surgery residency program. *J Robotic Surg* 13, 379–382 (2019). <https://doi.org/10.1007/s11701-018-0859-5>

2. Information based on Intuitive internal data for 2021-2022 academic year

#### Important safety information

Serious complications may occur in any surgery, including surgery with a da Vinci system, 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 surgery with a da Vinci system, 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, including surgical risks and considerations, please also refer to [www.intuitive.com/safety](http://www.intuitive.com/safety). For a product's intended use and/or indications for use, risks, full cautions and warnings, please refer to the associated User Manual(s).

Individual outcomes may depend on a number of factors, including but not limited to patient characteristics, disease characteristics, and/or surgeon experience. The demonstration of safety and effectiveness for the representative specific procedures 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 Xi/X system precaution statement

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