

INTUITIVE



**Building awareness of
your da Vinci program
through patient and
physician education**

Forward

Intuitive strives to help hospitals achieve their goal of delivering the best possible patient care. Like you, patients are at the heart of what we do. And, as part of our mission, we believe that minimally invasive care is life-enhancing care. Through ingenuity and intelligent technology, we expand the potential of physicians to heal without constraints.

While we're proud to look back on our accomplishments and nearly three decades of advancing what's possible in minimally invasive care, we're even more excited to build what's needed next.

Helping you on your pathway to success

Based on our discussions with hospitals and health systems around the country and their requests for support, we have assembled this resource to help you build awareness and support your da Vinci® program. Included is an overview of potential strategies intended to support your education and awareness initiatives, such as how to achieve total program excellence, investing in more than technology, and referring physician and patient education information.

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Aligned on a shared vision

Infrastructure matters

Surgeons today can perform minimally invasive procedures with highly sophisticated robotic-assisted surgical systems. Regardless of modality, surgical excellence requires a highly functioning team of individuals—clinicians, surgeons, care teams, operational administrators, and executive-level decision-makers—all aligned under the shared goal to provide better outcomes, improve the patient experience, lower the total cost of care, and improve the care team experience.

Investing for future innovation

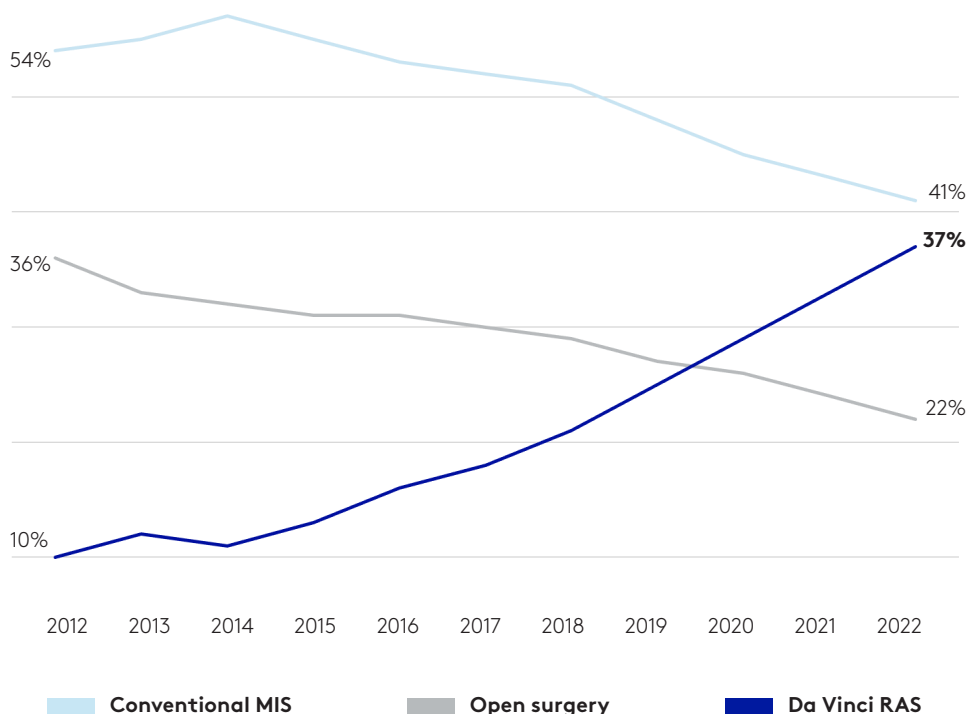
There are three ways to perform surgeries—open, traditional laparoscopic, and robotic-assisted surgery (RAS). Over the last decade, driven mostly by patient outcomes and quantified performance, RAS procedures using the da Vinci® surgical system have increased—and open surgery and conventional minimally invasive procedures have declined.*

U.S. modality trends

An examination of the percentage of estimated volume by modality from 2012 to 2022 shows that RAS using da Vinci surgical systems grew 27 percent, and the demand for conventional laparoscopic and open surgeries decreased by 13 percent and 14 percent, respectively.*

Did you know?

When RAS began more than 20 years ago, it was primarily used for urology and gynecology procedures. Today, there are more than 70 representative uses for da Vinci surgical systems, including general, colorectal, and thoracic surgeries.



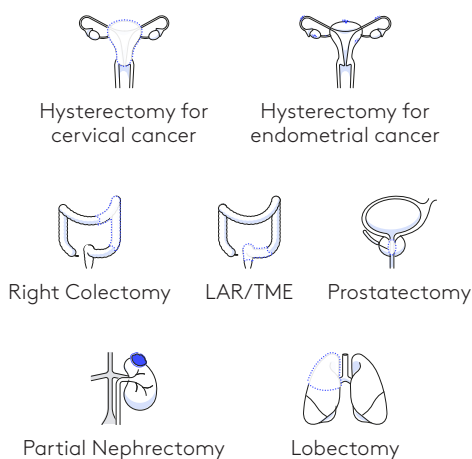
* Estimated volume of hospital inpatient and outpatient procedures, including: Bariatrics, Cholecystectomy, Colorectal, Foregut, Inguinal Hernia, Ventral Hernia, Hysterectomy - Benign & Radical, Lung Resection, Nephrectomy - Partial & Radical, and Prostatectomy procedures. Intuitive internal estimates 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.

Quantified performance

For nearly three decades, Intuitive has developed new technology according to the needs of our customers, working together to support new approaches to minimally invasive surgery. Based on your feedback and years of human factor studies, we have introduced four generations of da Vinci surgical systems.

A recent large-scale, unpublished, Intuitive meta-analysis of 253 peer-reviewed publications from 2010-2020 covering seven robotic-assisted procedures compared seven clinical outcomes among RAS, traditional laparoscopic, and open surgeries.[†] The measured outcomes were length of stay, conversions, blood transfusions, 30-day complications, 30-day mortality, 30-day readmissions, and operative time.

Measured outcomes across seven (7) different surgical procedures



Outcomes that favor RAS	vs. Lap	vs. Open
Length of stay	0.4 days shorter	1.96 days shorter
Conversions	55% less likely	
Blood transfusions	28% less likely	70% less likely
30-day complications	14% less likely	39% less likely
30-day mortality	33% less likely	57% less likely
30-day readmissions	23% less likely	
Comparable outcomes		vs. Open
30-day readmissions		6.2% vs. 7.8%
Outcomes that favors lap/open	vs. Lap	vs. Open
Operative time	18.8 minutes longer	37.3 minutes longer

When developing educational material for your hospital or when speaking to patients about the potential benefits of RAS with the da Vinci system, it is helpful to share relevant data and patient outcomes gathered from your institution's experience. The meta-analysis shown above is provided as background and should not be referenced or included in any of your hospital marketing initiatives.

[†] Results are based on a meta-analysis of 253 peer-reviewed literature for robotic-assisted procedures (right colectomy, LAR/TME, prostatectomy, partial nephrectomy, lobectomy, hysterectomy for endometrial and cervical cancer) published between 2010-2020. This work was presented at the ISPOR 2021 annual congress. The summary of clinical results are reflective of a pooled analysis of 7 systematic literature reviews, presented by outcome across different surgical procedures. While the meta-analysis results provide a single conclusion that is statistically significant or not statistically significant, these results are subject to variability. The results of this analysis may depend on several factors, including but not limited to patient characteristics, disease characteristics, the procedure of interest, and/or surgeon experience.

Principles of total program excellence

The three pillars: Building a strong foundation

While your hospital may be committed to innovative surgical care, simply outfitting your operating room with equipment is often not enough to achieve optimal surgical program performance. Instead, it's helpful to view your robotics program as a service line like any other in your hospital. It, too, requires a continuum of support to succeed. As the maker of the da Vinci® robotic-assisted surgical system and Ion® endoluminal system, Intuitive can work with your hospital and health system to help support your development of your robotics service line and help you optimize your use of Intuitive technology.

Intuitive Unified Ecosystem

Intuitive offers a portfolio of services to help customers receive the full value of their investment. From our established service and support delivery and experienced consultation to our custom analytics and flexible acquisition models, we strive to help hospitals and care teams protect and maximize da Vinci program performance and impact.



Achieving programmatic excellence[‡] requires a strong foundation and alignment of your education activities across each of these three pillars:

Executive leadership: Alignment with executive leadership is vital. Leaders should be active in the service line, sharing focus areas and goals, training surgeons to use the technology, and closely tracking patient outcomes as well as optimizing service line use and efficiencies.

Clinical excellence: By leveraging the Intuitive Unified Ecosystem and Integrated Intelligence, your surgeons and care teams can access a spectrum of innovative systems, value-enhancing services, personalized learning, and actionable digital insights across the care continuum.

Operational excellence: Leaders tasked with achieving operational excellence pursue optimal efficiency and work to lower the average OR cost for surgical cases, which can also impact the patient experience—with efficient operations, there can be an impact on the timing of scheduled surgeries.

[‡] “Programmatic excellence” is a phase of the da Vinci maturity model only. The status of a hospital’s program is determined solely by that hospital. Intuitive does not make any representations regarding any hospital’s status or program.

Da Vinci surgery as a service line

Establishing a service line for minimally invasive procedures performed with the da Vinci surgical system encourages collaboration between your physicians, care teams, and surgeons, enabling them to develop appropriate clinical protocols and use evidence-based medicine and data to inform purchasing decisions. Ultimately, this can help your hospital or health system reduce clinical modality variation and deliver consistent, patient-centric care.

For a robotics service line to flourish, executive, clinical, and operational leaders might consider moving the program along a four-phase maturity model from infancy to world-class[#] status, incorporating seven core metrics: C-suite engagement, program structure, technology innovation, service line, access, productivity, and data insights. A highly structured robotics service line is one in which hospitals and health systems achieve all four phases of the maturity model for their da Vinci programs. These programs may have C-suite champions, use available resources within the Intuitive Unified Ecosystem, and perform cleared procedures across multiple specialties.

Advancement along the maturity model pathway requires a commitment from leadership to continually embrace minimally invasive surgery and rigorous execution of best practices. It requires collaboration from executives, surgeons, OR care teams and hospital communicators who can help bring to life the robotic-assisted surgery journey, through the use of education, data and more.

As part of the steering committee responsible for defining goals and guiding the progress of your da Vinci program, hospital communicators and marketers can help ensure that all stakeholders understand the message and that they are vital to the story.

Da Vinci maturity model: Pathway to excellence

Metric	Phase 1	Phase 2	Phase 3	World Class*
C - Suite Engagement	None	Partial	Active	Champion
Program Structure	No Formal Structure	Quarterly Steering Committee	Special Task Force	Collaborating with Intuitive
Technology Innovation	3 rd Generation Technology	3 rd & 4 th Generation Technology	4 th Generation Technology Standardization	4 th Generation Advanced Technologies + OSAS
	25% Addressable Procedures	25-50% Addressable Procedures	50-75% Addressable Procedures	75-100% Addressable
	Urology and / or Gynecology >60% Utilization	Urology and / or Gynecology <60% Utilization	Multiple Specialties >60% Utilization	Multiple Specialties Unfettered (<4,000 cases)
	25 th Percentile in Peer Group	50 th Percentile in Peer Group	75 th Percentile in Peer Group	90 th Percentile in Peer Group
	Fully Rely on Customer Portal for Data	Partial Rely on Customer Portal for Data	Hospital Data Analyst Pulling DV Data & Benchmark	Collaborating with Intuitive for Data Insights

[#] "World-class" is a phase of the maturity model only. The status of a hospital's program is determined solely by that hospital. Intuitive does not make any representations regarding any hospital's status or program.

Educating patients and referring physicians



According to the National Institutes of Health, patients actively engaged in, and educated about, their health and care experience can have better outcomes.¹

Providing surgical patients with information at the appropriate time and place in their healthcare journey can help them and their physicians make the best choice for them when considering the available options. This information can help patients better understand the “what, why, and how” of surgery and the potential benefits of robotic-assisted surgery with da Vinci.

1. What Evidence Shows about Patient Activation: Better Health Outcomes and Care Experiences; Fewer Data on Costs. Retrieved April 27, 2023, from <https://www.ncbi.nlm.nih.gov/pubmed/23381511>

Educational best practices

When developing educational materials and messaging for your da Vinci program, consider these suggested best practices:

- Know your core message for educating patients and your why.
- Incorporate patient outcome data from your surgeons and your hospital whenever possible.
- Highlight the years your hospital has been performing robotic-assisted procedures and the strength and experience of your surgeons and care teams.
- Include patient and surgeon testimonials to support your evidence and data.
- Get your steering committee involved to provide support, guidance, and oversight.

Below are a few communication examples featuring Intuitive image and video assets available for promotional, editorial, and academic use. Visit [Intuitive Newsroom Press Resources](#) for more information.™

Examples

01 A social media carousel post can provide scannable, high-level information about robotic-assisted surgery, with more description on your organization's landing page.

02 Web banners can be used to invite patients to register for an upcoming educational event or direct them to additional information about robotic-assisted surgery with da Vinci.

03 An informational video can help patients understand what to expect from robotic-assisted surgery using the da Vinci system.

The image displays three examples of educational content for robotic-assisted surgery:

- 01 Social media carousel:** A sponsored post from 'Healthcare' (96,115 Followers) with the text: 'Robotic-assisted surgery with the da Vinci system is a type of minimally invasive surgery that can lead to improved outcomes and a better patient experience.' It features three cards: 'Da Vinci by Intuitive' (with a 'Learn more' button), 'Surgeon controlled' (with a 'Learn more' button), and 'Precise movements' (with a 'Learn more' button'). The carousel includes interaction icons for Like, Comment, Repost, and Send.
- 02 Web banner:** A banner titled 'Know your options' with the text: 'Join us for an educational event to learn more about your minimally invasive surgery options.' It includes a 'REGISTER NOW' button and the 'healthcare' logo.
- 03 Informational video:** A video thumbnail titled 'What to expect: Robotic-assisted surgery:' showing an illustration of a man and a woman sitting at a table with a laptop and a coffee cup.

Healthcare and the corresponding logo shown in these examples are fictional.

Patient education

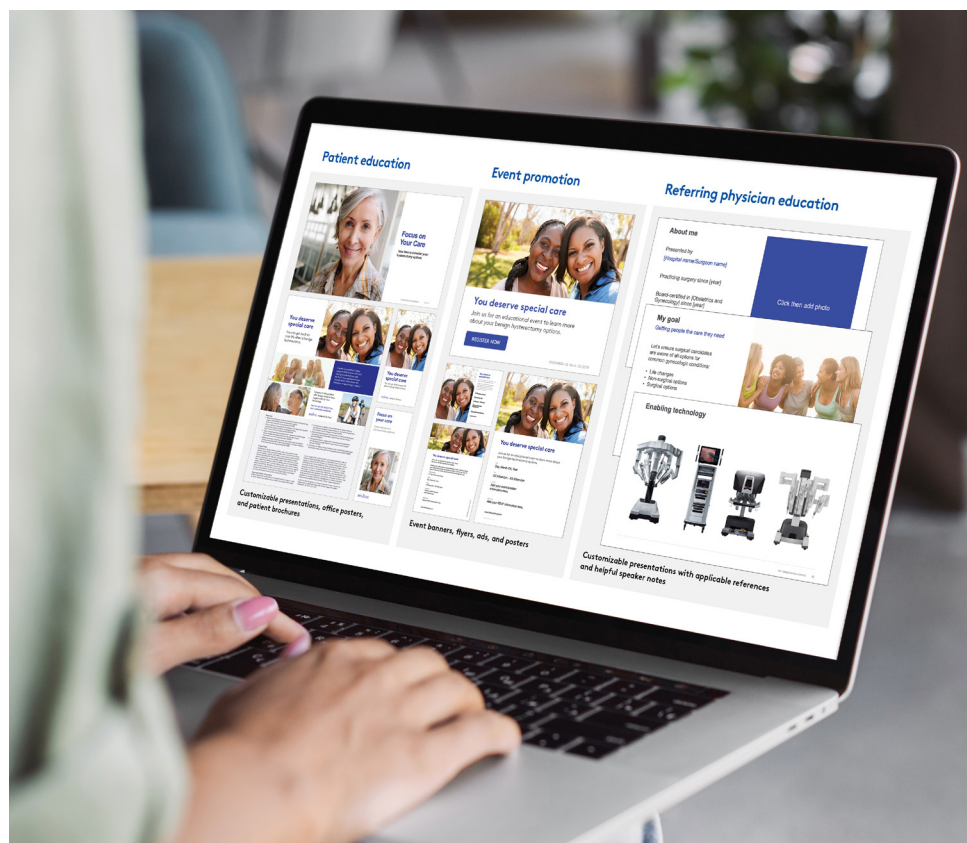
Intuitive believes that any treatment or medical intervention should be informed by discussions between surgeons, clinicians, and patients that consider all options, the associated risks and benefits, and the surgeon's or clinician's own training, experience, and outcomes.

When educating patients about minimally invasive procedures with da Vinci, you may also find it helpful to refer them to the patient video, [What to expect: Da Vinci robotic-assisted surgery](#), or one of the many patient brochures developed by Intuitive offering easy-to-understand explanations and examples of the potential outcomes to discuss with, and questions to ask, their surgeon.

For example, patients may find it helpful to ask:

- What medical and surgical options are available for me?
- Which is best for my situation?
- What is your surgical training and experience, especially with da Vinci robotic-assisted surgery?
- What are your patient outcomes?

However, it is essential to remember that Intuitive does not provide medical advice. The surgeon and patient are responsible for determining if robotic-assisted surgery with da Vinci is appropriate. See page 16 for additional Intuitive resources available for download, including patient education presentations, office posters, and promotional material for educational events.



Referring physician education

Patients look to physicians for guidance on all healthcare-related issues. If they have a condition requiring surgical intervention and minimally invasive surgery (MIS) is an option, they may need education on da Vinci robotic-assisted surgery to help explain all options to their patients.

Referring physicians often influence patient decision-making. But to make informed referrals, physicians need to know about all surgical options, including RAS and who in their community offers it.

Primary care physicians are more than two times as likely to refer patients to RAS if they have heard from surgeons who use the technology. But in some cases, gaps in knowledge about RAS and outcomes will impact their ability or desire to refer patients to a robotic-assisted surgery program.

Below are some suggested best practices you may find helpful.

Use data as a differentiator—track clinical outcomes per patient, such as length of stay, conversion percentage, complication percentage, 30-day readmission percentage, and time in the OR. Also, track volume and referrals.

Know your referral patterns—in other words, identify which specialties contribute most of your patient referrals.

Build and nurture personal trust by continually communicating with physicians in multiple ways:

- Strive to make a personal connection and foster an ongoing relationship.
- Be consistent in your efforts to reach out and educate physicians.
- Try to communicate with referring physicians several times a year. These communications could be through surgeon- or hospital-led activities, including letters, visits from physician liaisons or surgeons, program tours and test drives, grand rounds and webinars, or through communications like press releases, social media, and advertisements.

Create a culture of collaboration between your hospital and the referring physicians in your community.





Download customizable presentations developed by Intuitive to help educate and support referring physicians in your community. See page 17.

Minimally invasive procedures performed by surgeons using Intuitive’s da Vinci surgical systems include:

[General Surgery](#): Includes ventral and inguinal hernia repair, cholecystectomies, bariatric, and foregut[§] procedures

[Colorectal Surgery](#): Includes colectomy and rectal resection

[Gynecologic Surgery](#): Includes benign and radical hysterectomy and myomectomy

[Urologic Surgery](#): Includes prostate, bladder, and kidney cancer surgery

[Thoracic Surgery](#): Includes lobectomy and mediastinal mass surgery

[Cardiac Surgery](#): Includes mitral valve repair

[Head and Neck Surgery](#): Includes TORS procedures

§ Heller Myotomy, Hiatal/Paraesophageal/Sliding Hernia Repair, Dor Fundoplication, Toupet Fundoplication, Nissen Fundoplication

Building your strategy



Four key steps

Branding your da Vinci surgery service line can help differentiate your offering—and set your hospital or health system apart. To begin, dissect your market, evaluating opportunities for growth and differentiation. Collaborating with Intuitive can help you better understand surgical outcome data at your hospital through market research insights and assistance with analytics.

Step 1: Market discovery

Analyzing and understanding your potential market is essential to a successful strategy. To begin, identify the key differentiators for your da Vinci program.

- Is it more robust than programs at competitive hospitals or health systems?
- Do you have more experienced surgeons, or do you handle more procedures?
- Do you have a track record of success?
- Are you the only hospital offering this service in your area?

Once you have identified what differentiates your da Vinci program, you can use these attributes to develop strategic communications points for your target audience. It might be helpful to create personas of your primary and secondary audiences—these can help you fine-tune your messaging and potentially reach people on a more personal level.

Step 2: Develop a service line brand identity

Here, you might consider creating a visual representation, such as a logo or new look and feel for all communications around your da Vinci program. Your new brand identity should reinforce what you learned in Step 1. Remember, service line goals should align with those of the organization while leveraging the brand power of the hospital.

Step 3: Fine-tune your marketing strategies

First, reexamine and fine-tune your target audience. Be sure to consider the community at large—potential and current patients, referring physicians, and your internal audience and team members. Start to differentiate your program by using data and clinical outcomes from your hospital to educate patients, referring physicians, and care teams on the value of da Vinci robotic-assisted surgery. A clear, articulate, differentiated strategy can help you reach everyone in your marketing sphere.

Once your strategy is determined, focus on securing alignment by sharing with key stakeholders, including C-suite executives, marketing leadership, surgeons, and collaborators supporting your efforts, such as the robotic steering committee, the physician outreach team, consumer/brand marketing, and other internal teams. Their support is not only crucial for success, but it can also help generate excitement and build momentum.

Step 4: Launch and evaluate

Having completed Steps 1–3, you are ready to implement your plan. First, level-check that your strategy is sound and aligned with your market discovery and stakeholders. Once launched to your target audience, set up mechanisms to continually evaluate the results, adjust as needed, and repeat. Ask yourself: are we achieving success; is the plan sustainable?

Also important is recognizing when it is appropriate to share communications about new procedures, new surgeons, milestone achievements/events, and awareness events that could impact your program. Your da Vinci program messaging should encapsulate your hospital's brand, along with the messaging for your service line and any disease campaigns underway. And as you implement your plan, be sure to leverage the referral pattern insights. Check with your local Intuitive representative for assistance.

Summary



The importance of awareness

Including your hospital communications and marketing teams when looking to develop, grow, and expand your da Vinci program can support awareness efforts that align with your organizational and operational strategies.

For example:

- Does your da Vinci program messaging align with your brand campaign? If not, consider leveraging your brand and voice even more.
- Choose the marketing and communications strategies that work for your hospital and your market demographic.
- Leverage your current communications channels before adding new ones and start small, e.g., screening events, collateral materials, and social media.

Intuitive resources

To help you develop patient communications, Intuitive has downloadable tools, including images, videos, and educational material for patients and referring physicians.

General

- [Images and B-roll footage](#)
- [What to expect: Da Vinci robotic-assisted surgery](#) (video example)
- [Intuitive patient website](#) (example)

Patient and referring physician education

Bariatric surgery

- [Patient brochure](#)
(English and Spanish)
- [Event promotional material](#)
- [Office poster](#)
- [Patient education presentation](#)
(English and Spanish)
- [Referring physician presentation](#)

Colorectal surgery

- [Patient brochures](#)
Colorectal cancer surgery options
Benign colorectal surgery
- [Event promotional material](#)
- [Office poster](#)
- [Patient education presentation](#)
- [Referring physician presentation](#)

Hernia repair surgery

- [Patient brochure](#)
- [Event promotional material](#)
- [Office poster](#)
- [Patient education presentation](#)
- [Referring physician presentation](#)

Hysterectomy surgery

- [Patient brochures](#)
Cancerous hysterectomy surgery
Benign hysterectomy surgery
- [Event promotional material](#)
- [Office poster](#)
- [Patient education presentations](#)
Cancerous hysterectomy surgery
Benign hysterectomy surgery
- [Referring physician presentation](#)

Prostate surgery

- [Patient brochure](#)
- [Event promotional material](#)
- [Office poster](#)
- [Patient education presentation](#)
- [Referring physician presentation](#)
(Includes two clinical videos)

Thoracic surgery

- [Patient brochure](#)
- [Event promotional material](#)
- [Office poster](#)
- [Patient education presentation](#)
- [Referring physician presentation](#)

Provider Locator

The Provider Locator from Intuitive—a tool that enables patients to find hospitals in their area, surgeons affiliated with the hospitals, procedures performed within the hospitals, and contact information—has a new feature for hospitals.

Now through the Intuitive Customer Portal (accessible from the My Intuitive app), hospitals can sign-up to utilize the Provider Locator and share information about their da Vinci program with patients, including opt-in information such as weekend surgery availability, languages offered, and their outcomes.

To learn more about how hospitals can sign-up, reach out to: provider.locator@intusurg.com.



Intuitive Unified Ecosystem

The Intuitive Unified Ecosystem enables minimally invasive surgery through a spectrum of:

Systems: Advanced robotic platforms and innovative instruments to consistently empower physicians and care teams

Learning: Progressive, end-to-end educational resources, training pathways, and learning technologies to help develop proficiency and expertise

Services: Value-enhancing consultation, analysis, and support services—such as Genesis, Market Access & Custom Analytics (MACA), Finance, Intuitive Hub, and My Intuitive—to help maximize program impact

When properly aligned across the care continuum, the Intuitive Unified Ecosystem can help inform your teams through integrated intelligence that illuminates insights within your data to help you achieve your goals.

Contact your Intuitive representative for details.

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.

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.

Da Vinci Xi/X system precaution statement

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.

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