

Implant Partners — Ortho Clinical Success Without the Excess

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What is implant partners?



- Owned Subsidiary of MicroPort Orthopedics
 - #6 maker of hips/knees; Formerly Wright Medical
 - 60 years expertise & outcomes



- Primary Knees & Hips for Prices 40-70% Less Via Rep Replacement Model
 - ~80% of primary, uncomplicated cases

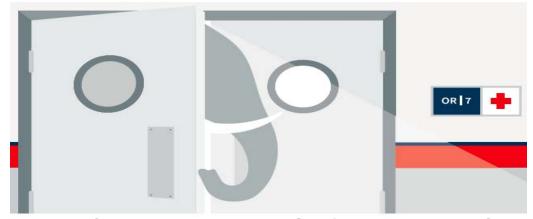


- Processes so Hospitals Take Control of O.R.
 - We are a "change management" company
 - We "Enable Clinical Success Without the Excess"



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The Elephant in the O.R.: Luxury Cost?



- Acceptable before, but now YOU'RE paying for it
 - Do you want to spend bundle money on the <u>rep</u>?
- Hip & Knee implant prices loaded with excess
 - \$4,200 primary knee: \$1,800 (43%) goes to the company SG&A
- Reps DO provide value but not often *clinical* and can be replaced with existing thospital personnel by implant partners

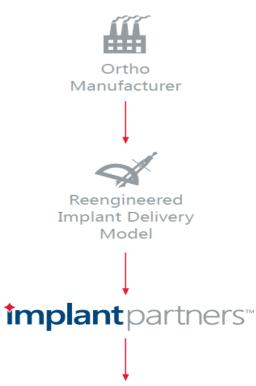
Traditional Model



Implant Partners Model



Current Contract Prices



40% to 70% Less than Current Contract Prices

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Unbeatable, Transparent Pricing

- Straightforward, Primary Procedures
 - Highest Quality, Made-in-the-USA

Total Knee **\$1,650**















During "Evaluation" – Full Consignment & Reps Present implant partners

Important To Remember

- This Works ONLY With Surgeon Alignment
 - Surgeons WILL ask "What's In It for Me?"; Surveys show \$350-500 per procedure gains alignment
- Designed for Straightforward, Frequent Primary Cases
- Implant Partners is THE Leader in This Space
- Devices are Top-Quality
 - Backed by extensive clinical history supported by data & joint registries



- "Crawl Walk Run" Process
 - Can start with one surgeon, one indication, one patient type, etc.
 - Change Management 101: gentle transition, full service, expert training
- ♦ Rep Replacement, NOT Repless
 - Train Entire Staff: Surgeons, Nurses, Scrub Techs, SPD, etc.
 - Designate Scrub Tech as "Point Person" for Entire Episode
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Question to End On – A Vision For Future

♦ How Would Your Hospital Culture Be Different if Surgeons, Administrators, and O.R. Staff Were Actively Working Together to Reduce Spending on Physician Preference Items?

