

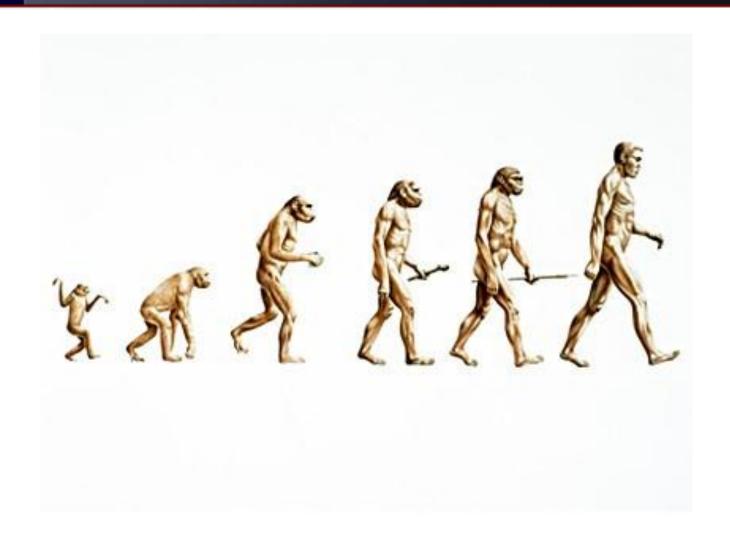


Medical Device Supply Chain Council Jerry Brown – Tornier Inc.

Health Care Providers and Suppliers are losing hundreds of millions* of dollars each year by not managing high-value medical consigned products better.



One company's evolution in field inventory management





The Tornier Business Model

- Our business is in the "Physician Preference Item" (PPI) sector
 - orthopedics, sports med, and biologics
- We provide reusable instrumentation sets (fixed assets) as well as implant banks (inventory)
 - High value, low turns
 - Bell curve of various sizes of implants
- We sell through 3rd party distributor sales force
 - A mix of distributor consignments, hospital consignments, and national loaner bank
- Orthopedics are primarily sales rep 'trunk stock'
 - sales reps carry it into each surgery
- 75% of our inventory is in the field

PPI is a Supply Chain Black Hole...

- "60% of my O/R spend is on consignment products and I have zero visibility into what I'm spending."
 - VP Supply Chain, Healthcare Provider
- "We closely track our \$500,000 in hospital supplies, but I have a closet with over \$3M in consignment inventory that I am not tracking at all."
 - Director, Materials Mgmt, Healthcare Provider



Things we have done at Tornier

- I. Approaches to auditing field inventory
- II. Policy and Behavioral changes
- III. Use of technology
- IV. Interesting areas for the future



Results of our Journey (so far...)

- Reduced our inventory loss by 80%
- Improved field inventory accuracy > 99%
- Increased our sales with less inventory
- Better asset utilization and inventory turn rates
- Reduced our balance sheet reserves for excess, obsolete, lost and expired

And most importantly...

 We are a lot smarter about our business than we were a couple of years ago.



A Story....





I. Approaches to Managing Field Inventory

Approach	Challenges, Comments
Distributor self-audits.	 Lack of process. No sales rep motivation – takes time away from selling.
Hired 3 rd party inventory counters.	 Lack of management oversight. 3rd party auditors were retail inventory focused, not med device.
Deployed an internal audit team.	 Much improved audit results. Very resource intensive, and didn't create accountability in sales force.
Deployed sales force inventory management and order placement software. (Mobile Workforce)	 Created process and accountability. Reduced audit effort by 5-10X. Improved audit accuracy to > 99%. Provides process and technology for selfaudits. As a result we've disbanded our internal audit team.



II. Policy and Behavioral Changes

Change	Challenges, Comments
Stop moving inventory around in the field. (Everything comes in and out of Central DC.)	Eliminated our biggest source of inventory loss.
Charge distributor / sales rep for missing inventory.	 It's heavy-handed, it's adversarial, and it works!
 Loaner Kit Policies: No extensions on loaned sets. Charge distributor / sales rep for late returns of loaner sets. Implement ship hold if not returned after 15 days. 	 Improves set availability = higher service levels. Expectation of fines after 5 days creates accountability. Ship hold results in immediate resolution.

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II. Policy and Behavioral Changes ... continued

Change	Challenges, Comments
Analyze individual instrument set / SKU turns at each account. Reposition assets from low-volume to high-volume locations.	 Creates a "facts and data" context for defining field inventory requirements.
Change our inventory model: more loaner kits, less consignments.	Much better asset utilization.Higher labor and freight costs.
Inventory management training for sales reps.	 Done as part of field software implementation.
Alternative model for hospital consignments: give away initial consignment. (treat as direct sale account)	 Simplifies transaction processing. Creates accountability in marketing for cost of consignment. Financial hurdles; patient implant tracking questions

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III. Use of Technology

Technology	Challenges, Comments
Implement sales rep software (Mobile Workforce).	 Game changer – provides rep level tracking and visibility. Creates responsibility and accountability with sales rep.
Bar coding of instrument sets and implant banks.	Improved tracking in field.Helps Tornier track sets in our DC.
Install GPS trackers on instrument sets.	 The technology works and the cost-benefit is there. Q: How to scale up and integrate with ERP? Alternative: don't lose it in the first place!

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IV. Interesting areas for the future

Idea	Comments
RFID sterile implants.	 Visibility at point of sale. Big time saver in warehouse returns processing.
RFID instruments or instrument cases.	 At high volumes, this could be a big time saver in processing loaner sets in the DC. Limited application for instrument sets in hospitals.
GPS tracking – Sensaware or similar.	 Visibility between DC and hospital shelf.
Forward stocking depots in major metropolitan areas.	 Reduce redundant inventory among several sales reps.
Less inventory and assets required per surgery.	 Fewer implant sizes. Single deep. left vs. right. modular sets. custom sets for each surgery. Lower cost components.



Value Proposition – Version 1

By doing this well, we can:

- Reduce excess, expired and obsolete inventory costs
- Improve service levels and reduce distribution expenses
- Free up sales rep time to focus on selling
- Capture lost revenues for implanted not billed



Value Proposition – Version 2

Healthcare has fundamentally changed, and we must change with it.

- The major health care insurers had record profits in the 1st quarter because of "decreased health care utilization."
 - New York Times, May 13, 2011
- Medicare is projected to run out of money in 2024, five years sooner than last year's estimate.
 - Medicare trustees 2011 annual report, May 13, 2011
- For-profit health care providers are showing improved profitability because of a strong focus on cost containment and operational efficiency
 - Fitch Ratings, September 14, 2010



Questions?

Thank You!