ADVISORY PROFILE · 2026

Clear evidence for the decisions that *shape* healthcare

Acuvera advises boards and executive teams in healthcare delivery, health insurance and medical technology, and health-technology investors and founders.

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§ 01 · WHO WE ADVISE

Boards, and the executive teams who *answer* to them

BOARDS

An independent, evidence-based view: an outside reading of management proposals, of the assumptions behind long-term plans, and of the risks the organisation carries.

EXECUTIVE TEAMS

Analysis carried through to design — operating models, care pathways, products and plans — and the measurement that shows whether a change has worked.

01

Healthcare delivery

Hospital groups, academic medical centres, ambulatory and specialist providers

02

Health insurance

Statutory and private health insurers

03

Medical technology

MedTech and health-technology companies

04

Health-technology investment

Venture capital and corporate venture capital funds; start-up founders

§ 02 · CHAPTER 1 · FORESIGHT

Testing strategy against the futures we can already *see*

Much about the next twenty-five years is uncertain. Some of it is not. Foresight separates the two, and uses what is fairly certain to test strategies before capital and reputation are committed.

36.1% → 59.1%

EU old-age dependency ratio, 2022 to 2070 [1]

13 of 44

European countries in which 40% of doctors are aged 55 or older (2022) [2]

+74%

People living with dementia in western Europe, 2019 to 2050 [3]

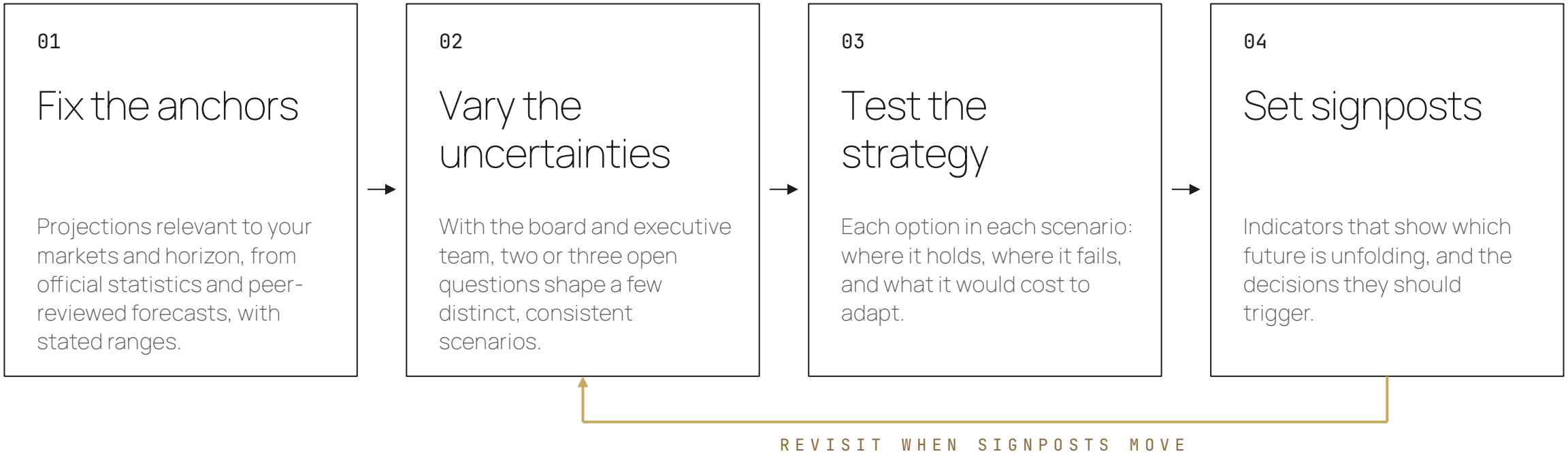
62,775

Heat-related deaths in 32 European countries, summer 2024 [4]

The people who will be old in 2050 are already alive today.

— THE STRATEGY STRESS-TEST

Four steps from projection to *decision*



In field experiments, experts using multiple scenarios judged long-range investments by how each fared in each scenario, and preferred more flexible options.[5]

§ 03 · CHAPTER 2

Rethinking healthcare *delivery*

Rising cost and a shortage of health personnel are structural. The gains come from redesigning the work around the technology, not from adding tools to unchanged workflows.

HOW WE HELP

- Measure where clinical and administrative time is actually spent
- Appraise AI and digital tools against published evidence and your own data
- Redesign pathways so automation reduces the burden on staff
- For boards: independent appraisal of major digital and AI investment cases

27%

Share of the office day that physicians spent in direct face time with patients[6]

~10 million

Projected global shortfall of health workers by 2030[7]

9 of 627

Registered trials of AI-enabled technologies readily identifiable as published[8]

§ 04 · CHAPTER 3

Re-imagining how healthcare is *financed*

Wearables and continuous monitoring move risk information towards the insured. A renewed wave of adverse selection is a credible risk to plan for, not a certainty, and the value of health technology will rest increasingly on evidence.

419,297

Participants in the Apple Heart Study; 0.52% were notified of an irregular pulse [9]

44%

Of 224 digital health companies had no completed clinical trials or regulatory filings [10]

HOW WE HELP

- Insurers: quantify selection risk, price prevention, rethink pooling and reinsurance
- MedTech: evidence plans that satisfy regulators, payers and purchasers
- Investors and founders: evidence-based due diligence and funding narratives

§ 05 · CHAPTER 4

Preparedness and *resilience* by design

~40%

Share of global production of active pharmaceutical ingredients in China [11]

almost 70%

Share of India's active ingredients procured from China [11]

Oct 2016

One plant explosion caused a worldwide antibiotic shortage [12]

40%

Of responding Dutch hospitals had decontamination facilities (2017) [13]

Resilience is built before a crisis, through decisions about stockholding, supplier diversity, surge capacity and the protection of facilities. The aim is targeted preparedness for identified risks, not open-ended spending.

HOW WE HELP

- Map single points of failure in medicine and consumables supply
- Assess facilities against recognised safety indices
- Design surge and continuity plans, and rehearse them

§ 06 · HOW WE WORK

How we *work*

EVIDENCE FIRST	Peer-reviewed literature and official statistics; we say where evidence is thin.
PRACTITIONERS	People who have led healthcare organisations and delivered care.
ANALYSIS TO PRACTICE	Recommendations carried through to design and measured before and after adoption.
WHERE WE WORK	Switzerland and the DACH region, the United Kingdom, the Middle East and South Africa.

FOUNDER

Dr Tyson B. Welzel

FOUNDER & MANAGING PARTNER

- Nearly ten years in senior executive roles at Mediclinic Group, including Group Chief Innovation Officer
- Medically qualified (MBChB, MMedSc, EMDM, MMan); peer-reviewed research in emergency medicine and disaster preparedness
- INSEAD International Directors Programme; has sat on three boards, chairing one

REFERENCES

1. European Commission, DG ECFIN. 2024 Ageing Report: Underlying Assumptions and Projection Methodologies. Institutional Paper 257. Luxembourg: Publications Office of the EU; 2023.
2. WHO Regional Office for Europe. Health and Care Workforce in Europe: Time to Act. Copenhagen: WHO/Europe; 2022.
3. GBD 2019 Dementia Forecasting Collaborators. Lancet Public Health. 2022;7(2):e105–e125. doi:10.1016/S2468-2667(21)00249-8.
4. Janoš T, et al. Heat-related mortality in Europe during 2024. Nat Med. 2025;31(12):4065–4074. doi:10.1038/s41591-025-03954-7.
5. Phadnis S, Caplice C, Sheffi Y, Singh M. Strateg Manag J. 2015;36(9):1401–1411. doi:10.1002/smj.2293.
6. Sinsky C, et al. Allocation of physician time in ambulatory practice. Ann Intern Med. 2016;165(11):753–760. doi:10.7326/M16-0961.
7. Boniol M, et al. The global health workforce stock and distribution in 2020 and 2030. BMJ Glob Health. 2022;7(6):e009316. doi:10.1136/bmjgh-2022-009316.
8. Han R, et al. Randomised controlled trials evaluating artificial intelligence in clinical practice. Lancet Digit Health. 2024;6(5):e367–e373. doi:10.1016/S2589-7500(24)00047-5.
9. Perez MV, et al. Large-scale assessment of a smartwatch to identify atrial fibrillation. N Engl J Med. 2019;381(20):1909–1917. doi:10.1056/NEJMoa1901183.
10. Day S, et al. Assessing the clinical robustness of digital health startups. J Med Internet Res. 2022;24(6):e37677. doi:10.2196/37677.
11. Årdal C, et al. Supply chain transparency and the availability of essential medicines. Bull World Health Organ. 2021;99(4):319–320. doi:10.2471/BLT.20.267724.
12. Wells N, Nguyen VK, Harbarth S. A pharmaceutical policy accident. J Pharm Policy Pract. 2024;17(1):2430441. doi:10.1080/20523211.2024.2430441.
13. Mortelmans LJM, et al. Are Dutch hospitals prepared for chemical, biological, or radionuclear incidents? Prehosp Disaster Med. 2017;32(5):483–491. doi:10.1017/S1049023X17006513.

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Healthcare, *human*, by design.

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