# Meditrack

## Report

### What

You present a clear idea of what the service is. I think a wider group of people than paramedics need to have access to the system—emergency room staff, police, etc.—but that is easily fixable, except for random passers-by who can’t be equipped.

### Why

Your argument for health and the motivations of users is good. I’m not sure about the stigma thing, but it’s plausible. It would have been much more convincing if you had gotten an insurance company to say they would buy it. Given the complicated chain of selling, from insurer to employer to employee, the insurance company may not be motivated like the employee who is the one who really cares.

### How

The technical implementation is well-thought out. How much training do the device users need. Will the actually use it if a tiny % of people actually carry the cards?

### $

The idea of charging only for actual uses is risky for you. Since peace-of-mind is the strongest selling point, people are receiving value, even if they don’t use it.

## Presentation

### Oral

Changing insurance rate?

Smooth tranisiton to video!

Good, short sketch.

Strong pitching!

Repeating sketch.

40% of people have emergencies?

Nice presentation of revenue!

Total profit ambiquous.

Tight, good presentation.

### Video Sketch

Gets major points across. Stays on visually interesting parts.

A little choppy.

The Blackberry screen looks a little hard to read.

## General Comment

You focused a little too much on technology and not enough on asking other questions about the process and motivations. Talking to insurers might have been very illuminating; there may have been no interest. Finding an way to get cell-carriers or handset makers, who are much more competive, to pay is an alternative.