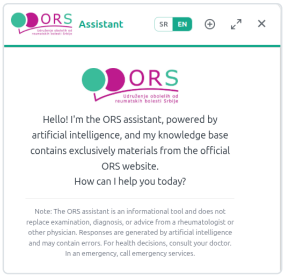
The ORS Virtual Assistant

Twenty years of verified ORS patient information, now answerable in one question.
Live since 19 July 2026. No app, no login, no cost, 24 hours a day.
Try it in Serbian or English: go to **www.ors.rs** and ask a question.

01 WHAT WE BUILT

A patient types a question on the ORS website the way they would say it out loud: *Does diet affect arthritis? Can I claim health insurance on the basis of a rheumatic disease?* The assistant replies in plain, non-clinical Serbian and names the ORS document the answer came from.

It draws on what ORS itself has written and published over two decades: brochures on chronic arthritis, systemic sclerosis and osteoporosis, guidance on insurance and patients' rights, the self-help course and exercise programmes, the Psychological Corner, and more than 300 news items.



The assistant on ors.rs, with the disclaimer shown in the conversation.

02 THE NEED IT ADDRESSES

The answers existed, but nobody could find them.

Buried in an archive organised by date, findable only by someone who already knew what to look for. A newly diagnosed patient does not.

Now one question reaches them.

Nobody is in the office at 22:00.

ORS runs on a small team, volunteers and five branches. The counselling service works because a person answers, and a person cannot answer everyone at every hour.

The assistant covers the hours we cannot.

Patients were asking someone else.

Without ORS in that moment, the question goes to a general chatbot that has never read a word ORS approved.

Now ORS is present where they look first.

03 HOW WE IMPLEMENTED IT

The decision that matters most: the assistant answers only from ORS's own published and verified documents, written or approved by ORS and its collaborating rheumatologists. Where ORS has published nothing, it says so and points the person to a doctor or to ORS's own people, rather than to what an AI model picked up on the internet.

01 Rules before code
ORS decided what the assistant must refuse before anything was built.

02 Choosing the sources
Brochures, guidance and the news archive were mapped, then approved one by one.

03 Every answer sourced
Each reply is written from the ORS document it retrieves, and names it.

04 Easy to reach
On the website members already visit: no install, no login, no cost, no waiting.

05 Tested, then public
Checked by the ORS team and a small group of members before anyone relied on it.

WHAT IT ALWAYS DOES

- ✓ Answers only from ORS's own material, and names the document
- ✓ Writes in plain Serbian, in the words members actually use
- ✓ Shows the disclaimer inside the conversation itself
- ✓ Hands clinical questions to a rheumatologist and to ORS counselling

WHAT IT NEVER DOES

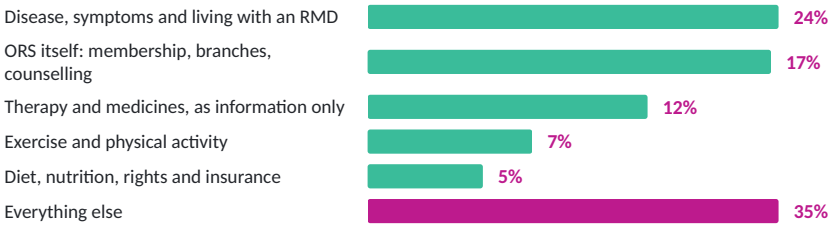
- ✕ Does not diagnose, or read symptoms as a condition
- ✕ Does not recommend, compare or rank medicines
- ✕ Does not tell anyone to start, stop or change a therapy
- ✕ Does not present itself as a doctor or a second opinion
- ✕ Does not answer outside the material ORS stands behind

04 THE IMPACT SO FAR

137
conversations held with the assistant so far

425
questions asked, about 3 per conversation: people come back with more

42%
of questions arrive **outside 09:00 to 17:00 on a working day**, when no one is in the office



What people ask about. Share of all questions put to the assistant. The pattern matches what ORS already knew from its website: people come for how to live with the disease and how to get through the system, not for clinical papers.

Everything else covers follow-ups and thanks, and questions outside ORS's remit, from a child's antiviral dose to currency rates. Each of those was declined and referred on, exactly as designed.

Work that had gone quiet is read again
Brochures published years ago now surface at the exact moment a patient asks the question they answer.

The questions became a content plan
Where the assistant finds nothing to draw on, ORS learns which gap in its own publications to fill next.

Staff time moves to where a person is needed
Repeated questions are handled the moment they are asked, leaving the counselling service for conversations that need a human.

What it is not. The ORS Virtual Assistant is an informational tool. It does not replace an examination, a diagnosis, or the advice of a rheumatologist. Answers are AI-generated and may contain errors. In an emergency, call the emergency services.