

(like medicine or glasses). In the beginning, a model of one consultation per person in difficulty was attributed. But in Brazil, 150 million people are living without private insurance, so it is difficult to determine who is truly poor. So we decided to propose free consultations to the beneficiaries of the programs of other NGOs. We started with one important São Paulo organization, and now fifteen NGOs work with us. Thanks to this network, 45,000 patients benefit from care provided by 1,800 volunteers in 35 specialties.

#### *How do you get these volunteer doctors to work with you?*

**J. P. N. R. :** Simplifying and organizing their tasks has been one of the great successes of *Horas da Vida*. I often hear doctors say, "I would like to volunteer, but I don't know how". When I arrived in São Paulo, I presented a platform in two of the most recognized medical schools in the city, and I was thus able to build a substantial network. I always considered that important people must be made aware of the idea in order to better propagate it. Journalists, medical big shots and influential politicians support me. Several have proposed their help to negotiate decisive support. For example, with universities or laboratories that can offer blood workups, MRIs or even more complex tests.

#### *What are your ambitions on the national and international levels?*

**J. P. N. R. :** For the moment, we are concentrated on the optimization of our procedures. We want to be present in the principal cities of Brazil, which is a gigantic country. We have already been able to extend the activity of *Horas da Vida* to the city of Curitiba, and we have made targeted interventions in the cities of Rio de Janeiro, Porto Alegre and Florianópolis – the great Brazilian metropolises. I believe that the model could be replicated in

**"Many doctors at Horas da Vida give free conferences and we share scientific publications on our website or on social networks."**

other zones, and I would be quite happy about that, but for the moment it is still a dream. One of the main challenges is to reach an equilibrium, all while maintaining free consultations. For that, we have developed a platform to sell different services relating to health care systems. Furthermore, several funds and companies finance the project, notably Brazilian corporations to whom we propose our methodology for improving the health care process.

#### *Where did you get the idea to facilitate the connection between patients in need and doctors?*

**J. P. N. R. :** After my specialization in



geriatrics, I decided to create an interface to make appointments online named ConsultaClick. It targeted all those able to pay and was implemented in Brazil, Portugal, Spain and Romania. At the end of 2012, I said to myself that it was possible to use this tool for people who don't have the means to pay for a consultation. Like other doctors, I performed them pro bono, but in a disorganized way. With my interface, I already had the technology to simplify the relationship between doctor and patient, so I submitted the idea to some colleagues. We then decided to take the plunge. To my great surprise, it rapidly took off. We started without any real procedures: we used a fax machine to send documents, a lot of things were on paper. It seems incredible, looking back!

#### *What are tomorrow's challenges in access to health care?*

**J. P. N. R. :** The best way to avoid the collapse of the system is to improve care and people's quality of life. But one of the main challenges in my eyes is to first understand who needs what. In Brazil, many resources exist in terms of tests, hospitals and products, but they are not used correctly. Educating the population in prevention is essential. Many doctors at *Horas da Vida* give free conferences and we share scientific publications on our website or on social networks. Cooperation between the public and the private sectors must also be encouraged. As an NGO, we are there to inspire people and to propose models that can be adopted on a larger scale. And even more so in public health systems, within which it is difficult to innovate and to change entrenched habits. ●

**By** *Timothée Vinchon*

1. The Unified Health System (SUS) was established in 1988 as an administrative body responsible for the stewardship of both the public and the private health systems.