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# OPINION

THE STRAITS TIMES

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The Straits Times says

## No winners in a race to the bottom

The world's 20 large economies have put their collective clout behind an effort to prevent China's currency devaluation from sparking a contagion. The Group of 20 declared in Turkey the importance of moving towards market-determined currency rates and resisting competitive devaluation. Since such devaluation is the financial equivalent of economic protectionism, the message from the G-20 clearly is that there must be no race to the bottom, especially at this difficult and dangerous moment in contemporary economic history.

The temptations of indulging in a currency war are there. The artificial lowering of the exchange rate for the national currency reduces the price of exports, thereby helping domestic industry and

workers. However, the corresponding increase in the price of imports harms the purchasing power of citizens, invokes retaliatory action by competing nations and hurts international trade overall. Ultimately, the costs of competitive devaluation outweigh the benefits, which is why countries are hesitant to adopt the measure. Yet, the pressures of the moment, and the political compulsions that they generate, could encourage some nations to embark on a course bad for all. By making it clear that it will not join a downhill bandwagon, the G-20 has placed its material and political influence in the service of a larger good: to keep the global economy functioning despite the turmoil prompted by Beijing's actions.

Today's fears naturally reflect the experience of the Asian financial crisis of 1997-1998, which was replayed globally a decade later when a collapse on the epic scale of the Great Depression of the 1930s became conceivable. The centrality that the Chinese economy has achieved in Asian affairs since the latest two crises has provided the continent with a buffer against Western hegemony. But it is also a source of danger within Asia should the Sino economic "miracle" falter. Given the repercussions of the Chinese crisis, rippling across the rest of Asia, it is absolutely important for other Asian countries to abjure a "beggar thy neighbour" policy in order to keep home fires burning temporarily.

Instead, this is a time for everyone to turn attention back to enduring economic fundamentals. Precisely because the financial domain is threatened by disarray, it is imperative for countries to focus on upgrading their work force through measures to reinforce productivity, exercise fiscal prudence even if this is politically unpalatable, and steer away from the short-term and ultimately illusory option of protectionism. Asian countries bounced back from the crisis of the closing years of the last century by embarking on painful but necessary structural reforms. Much as one hopes the current crisis can be contained without the need for more wrenching reforms, nations should be ready to press on with economic readjustment.

HomeFront

## A common language for elderly care

Systems like interRAI can help nations use big data to plan and coordinate their care services



Janice Tai

Which nursing home provides better care?

It is an easy question to answer in the United States, where such homes are graded. Families there can refer to Nursing Home Compare, a five-star quality rating system that compares the quality of care at 15,000 nursing homes.

The US is able to provide such information because 25 years ago, all nursing homes across the country had to use a standard system to assess how the elderly in nursing homes are doing in terms of health, cognitive, sensory, functional and physical status.

Known as interRAI, it is an assessment tool that other countries have since adopted.

Finland, for instance, is pushing for wider use of interRAI.

Currently, over 40 per cent of institutionalised care and 30 per cent of home care services use it.

The country has gathered public data on the living arrangements of its seniors aged 75 and above: 90 per cent live at home; 6 per cent in sheltered housing, while 3 per cent are in long-term institutional care.

It also found that the proportion of seniors who take nine or more different medications rose from 47 per cent in 2003 to 59 per cent in 2011. The findings even drill down to the prevalence of pressure ulcers in old people in different regions, so that resources can be allocated to where they are most needed.

### LACKING DATA ON ELDERLY CARE

Given Singapore's rapidly ageing population, the use of a common assessment system across elderly care services could be invaluable.

Apart from the public and private providers of such services, there are over 1,500 health, social and welfare and religious charities here.

Many of them deal with seniors. Singapore does not publish such data. It is not clear if such information is even collected.

And if it is, the lack of a standard assessment system makes it hard to analyse the data and make fair comparison of the conditions in different institutions.

This is one key lesson Singapore can learn from Finland. Like Finland, Singapore has a population of 5.4 million and is among the fastest-ageing societies in the world.

The Government recently announced a \$3 billion five-year

plan for successful ageing to help seniors lead more fulfilling lives.

It will launch a National Seniors' Health Programme to address ageing-related health concerns, and open senior centres for social activities as well as daycare in at least 10 upcoming HDB projects.

While the new services and programmes to be offered by active ageing hubs and even therapeutic gardens are welcome, some welfare groups say what is needed is a review of how existing services are being evaluated and how they can be tweaked for greater impact.

This can be done only if the different organisations which care for seniors speak a common language. This means agreeing to a standardised way of collecting, comparing and tracking data.

"Our assessment systems are mostly institution-specific or disease-specific and we need to think of, and build, a care assessment system that is person-specific," said Dr Dennis Chia, manager at the Agency of Integrated Care (AIC), at a community care forum in May.

For instance, there are at least four different assessment scales used to measure functioning, five more for cognitive ability, and three others for depression.

So Grandma may be receiving care at various times at the hospital, nursing home or back at home, but the institutions may not have comparable data for monitoring and analysis because they use different assessment scales.

### STANDARDISED ASSESSMENT TOOLS

As well as in the US - where it is compulsory - and Finland, the interRAI assessment system is used in at least nine other countries, including Britain, Germany and Israel.

European Union (EU) reports have highlighted the benefits it brings. Care providers can better track the health of the elderly, even as they move between institutions.

It promotes a level of quality control as nursing homes can see how they are doing compared to others. This allows people to make informed choices on where to place their elderly relatives, and acts as a check on the nursing homes.

Using the same set of assessment tools across healthcare sectors and institutions gives governments a big-picture view of healthcare needs and trends, which allows them to fine-tune public policies and redistribute resources.

Countries using the same interRAI systems can compare how well - or poorly - the elderly are faring in different places.

The EU found that those using home-care services in Italy and France were doing just as well as those in nursing homes in the Netherlands. This could be down to better community support in Italy and France, giving the Netherlands a reason to improve this part of its care system.

In the US state of Michigan, analysis of such data led to a

reduction in duplicated care services, resulting in savings of US\$1 billion (\$\$1.4 billion).

In New Zealand and Finland, the information provides the authorities with a list of seniors who live alone and cannot move around very well. They are among the first to be evacuated during fires or earthquakes.

### TRIAL RUN IN SINGAPORE

In Singapore, the number of old people aged 65 and above who live by themselves has nearly tripled over the last 15 years to 42,100 last year, up from 14,500 in 2000. The number will get higher with a rapidly ageing population.

Singapore carried out two pilot schemes in 2011 to promote the use of the interRAI system, but they did not seem to take off.

Mr Ken Tan, managing director of PulseSync, which helps organisations learn how to use interRAI, said: "One of the more obvious reasons why they didn't take off as much as hoped for was the lack of advocacy and training, so not many care staff were taught about what and how to take data out and interpret it to drive meaningful outcomes."

Local agencies which have implemented interRAI say they are already seeing its value.

Tsao Foundation, which provides eldercare services here, is able to find out that its average home-care client requires 1.8 times the amount of resources to meet his care needs, compared with a nursing home resident in the US, because its clients tend to be more frail.

"The implication is that caregivers should be better recognised and supported and more resources channelled to providers," said Dr Ng Wai Chong, medical director of the Hua Mei Centre for Successful Ageing at Tsao Foundation.

Peacehaven nursing home and Code 4 Home Care have also adopted interRAI.

The Health Ministry said that the AIC is in the midst of a trial with several nursing homes, eldercare centres and home-care providers to help them see how the system can be integrated into their existing work processes.

Through the pilot, the agency seeks to understand how interRAI can be better used locally.

In recent years, Singapore has ramped up efforts and investment in the care of the elderly.

With better tracking of how the elderly here are faring using standardised assessment tools, Singapore can harness the power of big data to draw up a more integrated system of care.

In 15 years, Singapore will have the same demographic profile as Finland has today: About one in five people aged 65 years old and above.

But it can also learn from Finland, and get started right now on the use of big data to plan and coordinate the nation's care services.

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