

# People who qualify for Medicare due to disability account for most opioid-related deaths

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New findings from The University of Texas Medical Branch at Galveston show that patients qualifying for Medicare because of a disability have the highest rates of opioid overdose deaths compared with older Medicare beneficiaries and commercial insurance beneficiaries. The findings are now available in *JAMA Network Open*. The study, led by Yong-Fang Kuo, UTMB professor in the department of preventive medicine and population health, found that Medicare beneficiaries who qualify because of a disability are a growing group of patients hospitalized for opioid or heroin overdose and account for 25 percent of deaths from prescription opioid overdose each year. Previous research shows that not many of these patients make use of opioid treatment programs.

In the study, the researchers analyzed a nationally representative sample of Medicare data, including 1,766,790 people who qualified for Medicare because of a disability to assess the rate of opioid overdose deaths and identify its associated risk

factors. Although these disability patients account for only 14.9 percent of the entire Medicare population, they were also found to represent 81 percent of all opioid-related deaths among this group.

"We found that among the patients who have Medicare because of disability, the rates of opioid overdose deaths were higher among people who grapple with substance misuse, psychiatric diseases or [chronic pain](#)," said senior author Kuo of UTMB.

"Right now, there's a large federal push to increase access to opioid misuse treatment programs and these efforts work more effectively with accurate targeting of high-risk populations. Our findings suggest that Medicare data can help to identify people who can really benefit from these programs."

**More information:** Yong-Fang Kuo et al. Association of Disability With Mortality From Opioid Overdose Among US Medicare Adults, *JAMA Network Open* (2019). DOI: [10.1001/jamanetworkopen.2019.15638](https://doi.org/10.1001/jamanetworkopen.2019.15638)

Provided by University of Texas Medical Branch at Galveston

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