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**Use 2014, 2015, 2016, 2017 National Data of Medicaid**

Excluding the data then we have the github

Poster for research symposium style.

Text file of **where we got the data** (<https://www.medicaid.gov/medicaid/prescription-drugs/state-drug-utilization-data/index.html>)

Using functions learned in class. Like Latitude and longitude. Plyer tool kit (distinct, mutate).

Own data set we use commands week to week. How it is organized and know what you know or know what you think you know is what you know. Used a consistent logic while we document why we chose our method. For instance an example is comparing the c2 of the capsules, and tablets and syrup the dosages. If it does not have a NDC then it can’t be tracked. Like an example.

We are trying to curate the data.

<https://data.medicaid.gov/api/views/3v6v-qk5s/files/ad764b8d-47ad-46a1-bd41-857c63e7b42c?download=true&filename=Drug%20Utilization%20Data%20Descriptions.pdf>

Data has been curated.

The NDC text files, for cross referencing the various NDC codes. <https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>

So we can see the % of a specific opiate drug that has changed over the years.

So the focuses is look at a general question, so track this trend. Show everything that could correlate and which of these trends are negatively correlated. Therefore look at the data and sift through the reasons at trends, so preventable medicines or opiates. Using the data to make informed questions. Document the thinking of data quality metrics and see that all this code that grabs the data and have the reasons. To see our questions and exploration of our data set!

**Objectives:**

* Number of prescription to Medicaid amount reimbursed.
* Based by state and see the Medicaid amount reimbursed.
* A specific opiate, like codeine, see that number of prescription of codeine, and see which states have the most number of prescriptions. Then do a state by state comparison.