



Child and Survivorship Transition (CAST) Model

The Problem:

To adequately care for the estimated half-million Americans who are childhood cancer survivors, we must provide better survivorship care. In the 2020 GAO Report, *Survivors of Cancer: Factors Affecting Access to Follow-up Care*, the GAO highlighted that many survivors “lack basic knowledge about the need to receive follow-up care or where to seek it.” Beyond patient knowledge the GAO also found a large knowledge gap in physicians as well. In a study of 1,500 internal medicine and family practice physicians, “a majority of these primary care providers reported that they had never utilized the guidelines published by the Children’s Oncology Group.” Caring for a child cancer survivor requires a unique skill-set. Yet, the GAO found that providers “may not be familiar with caring for this population, including the care needed to monitor for late effects,” and that “providers may not appropriately prioritize the need for psychosocial and palliative care.”

By authorizing CMMI to create a new demonstration model to evaluate existing models and needs, we can address many of the problems the GAO found in the current model, develop new capacities, equip primary-care physicians and patients to fight the devastating late-effects and other problems that often accompany childhood cancer while simultaneously acknowledging the health system barriers that exist.

The Solution:

The Child and Survivorship Transition (CAST) Model is an innovative model which aims to educate childhood cancer survivors, their families, and primary care providers on the unique needs of a survivor immediately following their cancer care. The CAST Model will serve all children and adolescents under the Medicaid program starting with the prenatal period through age 18. These individuals will receive transitional care for a six-month period following their active cancer treatment. The demonstration, model will provide for a summary of care and survivorship related transition care including both the treating and primary care providers..

Key Elements:

Every childhood cancer survivor should have a comprehensive care summary and follow-up plan once they complete their primary cancer care. The plan should specify their treatment history and address various individual post-treatment needs to improve their health and quality of life. These include:

- **Record of care:** patients should be given a record of their disease history and treatment regimens.
- **Survivorship Care Plan Components:** Every childhood cancer patient and their primary health care provider should receive a written follow-up survivorship care plan incorporating available evidence-based standards of care.

- **Development of Record of Care:** Describe who completes the treatment plan – nurses, nurse practitioners, physician assistants, scribes etc.
- **Benefit Periods:** The childhood cancer survivorship benefit or transition period would run for six months.
- **Electronic Portability and Operability:** Models must meet the requirements of a Medicaid program for use of certified electronic health record technology.
- **Payment Models:** Physician practices will enter into payment arrangements that include financial and performance accountability for 6-month episodes of care.
- **Measure Development:** The program will identify and develop clinically relevant measures of cancer survivorship and quality of life and function as well as measures of survivors' care experiences.
- **Data:** The model would gather data about the number of childhood cancer survivors in each demonstration program region.