

Section: Contact Information

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Section: Project Requirements and Description

Group: Requirements to submit AOI

A comprehensive review of previously published data has been completed. : **Yes**

The specific aims are clear and focused. : **Yes**

The investigator has appropriate experience and expertise to develop the concept proposal; if not, has identified a mentor or senior co-investigator. : **Yes**

The investigator agrees to develop an initial draft of the concept proposal within 6 weeks of approval of the AOI and to finalize the concept proposal within 6 months. : **Yes**

Project Title : **Understanding Health Service Utilization and Cost in Childhood Cancer Survivors Within the Medicaid System: A Report from the Childhood Cancer Survivor Study**

Planned research population (eligibility criteria) :

Inclusion criteria: (1) CCSS survivors and siblings in original or expansion cohorts, who will be linked to the Medicaid Analytic eXtract (MAX) Files (national Medicaid claims data), (2) age 18 years and older at baseline, (3) all cancer diagnostic categories, (4) United States residents, and (5) all categories of race/ethnicity.

Proposed specific aims :

Aim 1: Describe a) Medicaid enrollment and disenrollment patterns, (b) Medicaid-covered service use and costs by care delivery settings (outpatient, hospitalization, emergency department, pharmacy), and (c) overall service use and costs among survivors, as compared to their siblings.

Aim 2: Describe whether and how survivors' Medicaid enrollment patterns and Medicaid-covered service use and costs will be associated with their cancer history, chronic conditions, and local sociodemographic and healthcare infrastructure characteristics.

Aim 3 (Exploratory Aim): Explore associations of Medicaid policy parameters in states where survivors reside with survivors' Medicaid enrollment patterns and health service utilization.

Will the project require non-CCSS funding to complete? : **No**

If yes, what would be the anticipated source(s) and timeline(s) for securing funding? :

Group: Does this project require contact of CCSS study subjects for:

Additional self-reported information : **No**

Biological samples : **No**

Medical record data : **No**

If yes to any of the above, please briefly describe. :

Group: What CCSS Working Group(s) would likely be involved? (Check all that apply)

Second Malignancy :

Chronic Disease : **Secondary**

Psychology / Neuropsychology : **Secondary**

Genetics :

Cancer Control : **Primary**

Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality :

Second Malignancy : **Correlative Factors**

Group: Health Behaviors

Tobacco :

Alcohol :

Physical activity :

Medical screening :

Other :

If other, please specify :

Group: Psychosocial

Insurance : **Correlative Factors**

Marriage : **Correlative Factors**

Education : **Correlative Factors**

Employment : **Correlative Factors**

Other :

If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech : **Correlative Factors**

Hormonal systems : **Correlative Factors**

Heart and vascular : **Correlative Factors**

Respiratory : **Correlative Factors**

Digestive : **Correlative Factors**

Surgical procedures : **Correlative Factors**

Brain and nervous system : **Correlative Factors**

Other :

If other, please specify :

Group: Medications

Describe medications :

Group: Psychologic/Quality of Life

BSI-18 : **Correlative Factors**

SF-36 : **Correlative Factors**

CCSS-NCQ : **Correlative Factors**

PTS : **Correlative Factors**

PTG : **Correlative Factors**

Other :

If other, please specify :

Group: Other

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) : **Correlative Factors**

Health status : **Correlative Factors**

Group: Demographic

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other :

If other, please specify :

Group: Cancer treatment

Chemotherapy : **Correlative Factors**

Radiation therapy : **Correlative Factors**

Surgery : **Correlative Factors**

Section: Anticipated Sources of Statistical Support

CCSS Statistical Center : **Yes**

Local institutional statistician :

If local, please provide the name(s) and contact information of the statistician(s) to be involved. :

Will this project utilize CCSS biologic samples? : **No**

If yes, which of the following? :

If other, please explain :

Section: Other General Comments

Other General Comments :

This proposed study will link the survey and medical records data from Childhood Cancer Survivor Study and national Medicaid claims data (i.e., the Medicaid Analytic Extract [MAX] Files housed and administered by the Centers for Medicare and Medicaid Services [CMS]). Our findings will provide valuable insights into understanding health service utilization and the resulting economic burden of childhood cancer survivors within the Medicaid system, and how this might vary by survivors' cancer history and chronic health conditions.

This study will also link the CCSS data and county-level contextual data from the Area Health Resources File and state policy data compiled by published studies. Understanding the associations between social context and survivors' health service use will inform the development of future public health and policy interventions at various

levels (communities, systems, and states) to assure effective access to care and improve health outcomes in childhood cancer survivors.

I agree to share this information with St. Jude : **Yes**