Cancer care has been declared a crisis in the United States because of the growing demand for services, increasing complexity of treatment, and dramatically rising costs of care (Institute of Medicine [IOM], 2013). Some 1.6 million individuals are diagnosed with cancer each year, and the number of cancer survivors is projected to increase dramatically because of the aging population and improvements in treatment (American Cancer Society [ACS], 2016; IOM, 2013). By 2020, cancer care costs are expected to reach $173 billion, reflecting a considerable increase from $72 billion in 2004 (ACS, 2014; Smith & Hillner, 2011). At the same time, national reports criticize the quality of cancer care, calling for greater patient-centered focus; improved care coordination, with management of care transitions across settings; and cost containment through the reduction of preventable healthcare use (IOM, 2013; Smith & Hillner, 2011).

Programs and policies to reduce hospital readmissions are increasingly viewed as promising avenues to reduce spending and improve healthcare quality and efficiency as well as patient experiences (Naylor, Aiken, Kurtzman, Olds, & Hirschman, 2011; Robert Wood Johnson Foundation [RWJF], 2013; Schoen, Os-