



**Every Woman Counts  
Expenditure and Caseload  
Biannual Report to the Legislature  
July 1 – December 31, 2021**

**California Department of Health Care Services  
Benefits Division**

**Every Woman Counts  
Breast and Cervical Cancer Screening Services**

## Background

The California Department of Health Care Services (DHCS), Benefits Division, administers the federal Centers for Disease Control and Prevention , National Breast and Cervical Cancer Early Detection Program, and California's Breast Cancer Control Program, known as the Every Woman Counts (EWC) Program. EWC provides free breast and cervical cancer screening and diagnostic services, to California's underserved populations. The mission of EWC is to mitigate the devastating medical, emotional and financial effects of breast and cervical cancer, and eliminate health disparities for medically underserved, low-income individuals.

The EWC second biannual report for 2021 complies with Health and Safety Code Section 104151(b), which requires DHCS to provide a biannual update, no later than February 28 and August 31 of each year, to the fiscal and appropriate policy committees of the Legislature. This report to the Legislature includes the most recent information, for a six-month period, on program caseload, estimated expenditures, and EWC activities. Furthermore, the report includes data on clinical service activities, including office visits and consults, screening mammograms, diagnostic mammograms, diagnostic breast procedures, magnetic resonance imaging, cervical screening and diagnostic services, case management, and other clinical services. During the reporting period of July 1 through December 31, 2021, there were no critical issues documented.

## Caseload

This biannual report to the Legislature includes Fiscal Year (FY) 2021-22 data on caseload, and actual clinical claims and expenditures. EWC providers can submit clinical claims within six months, following the month services were rendered.

**EWC Observed Caseload** was 85,728 individuals from July 1 through December 31, 2021.<sup>1</sup> EWC experienced a caseload increase of 13.7 percent, compared to the caseload of 75,374 individuals for the same period previously reported last year from July 1 through December 31, 2020.

**EWC Actual Clinical Claims and Expenditures (Table 1)** was \$14,031,384 from July 1 through December 31, 2021, a 4.3 percent increase compared to total expenditures of \$13,454,352 from July 1 through December 31, 2020.

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<sup>1</sup> Caseload is defined as the number of EWC recipients, designated by a unique client identification number, who received at least one paid service during the reporting period.

**Table 1: EWC Actual Clinical Claims and Expenditures**

<b>Actual Expenditures for Dates of Service July 1, 2021 through December 31, 2021</b>		
<b>Type of Claim</b>	<b>Total Claims</b>	<b>Total Amount Paid*</b>
Office Visits, Consultations, and Telehealth	65,857	\$ 1,841,915
Screening Mammograms	96,119	\$ 5,388,541
Diagnostic Mammograms <sup>[2]</sup>	35,487	\$ 1,937,678
Diagnostic Breast Procedures <sup>[2]</sup>	34,377	\$ 3,310,448
Magnetic Resonance Imaging <sup>[2]</sup>	641	\$ 76,961
Cervical Screening and Diagnostic Services <sup>[3]</sup>	34,066	\$ 789,605
Other Clinical Services <sup>[2] [4]</sup>	9,412	\$ 411,749
Case Management <sup>[5]</sup>	5,494	\$ 274,488
<b>Grand Total</b>	<b>281,453</b>	<b>\$14,031,385</b>

\*Note: The data provided was extracted from the Management Information System/Decision Support System (MIS/DSS) as of May 10, 2022.

EWC was appropriated \$44.4 million for FY 2021-22, as reported in the Family Health, May 2021, Local Assistance Estimate.

### **EWC Program Activities for July 1 through December 31, 2021**

#### **EWC Outreach and Education**

Regional Health Educators (HEs) and Community Health Workers (CHWs) held 243 classes and 197 one-on-one sessions, reaching 1,908 individuals. This is a 46 percent increase, compared to the 1,303 recipients who received breast and/or cervical cancer education during the same period previously reported (July 1 through December 31, 2020). HEs and CHWs successfully navigated 124 women to obtain breast and/or cervical cancer screening, and/or treatment services. HEs and CHW have found that a hybrid model, both in-person and virtual utilizing platforms, such as Zoom, WebEx, Facebook, and other social media applications, continue to be very successful. As COVID-19 cases increased, during the latter part of the year, HE resumed to full-time virtual classes and one-on-one sessions.

#### **EWC Health Education Workgroup and Brochures**

<sup>2</sup> Four categories (Diagnostic Mammograms, Diagnostic Breast Procedures, Magnetic Resonance Imaging, and Other Clinical Services) were updated to improve accuracy of the report.

<sup>3</sup> Cervical Screening and Diagnostic category specifies expenses for cervical services.

<sup>4</sup> Other Clinical Services are pathology procedures for both breast and cervical cancer screenings.

<sup>5</sup> Case Management is not reimbursable for normal screening results, and is reimbursed at \$50 for abnormal screening results.

The EWC Health Education team formed a workgroup of regional health educators, from northern, southern and central regions of the state, to review and update the EWC transgender brochures for breast and cervical cancer, and the *EWC Breast and Cervical Cancer Curriculum*. Regional HE utilize the EWC curriculum throughout the state of California to educate women about the importance of timely breast and cervical cancer screening. It will be translated into all DHCS EWC threshold languages.

The EWC Health Education team, medical consultant and the HE workgroup worked together to update the program brochure, to ensure it included the current screening recommendations. This EWC brochure offers patients information on program eligibility and services. It is available in the following languages: English, Spanish, Chinese, Vietnamese, Russian, Korean, Punjabi, Japanese, Laotian, Thai, Hindi, Farsi, Arabic, Khmer, Hmong, Armenian, and Tagalog.

The EWC Program Brochure is available on the DHCS EWC Program website:  
<https://www.dhcs.ca.gov/services/cancer/EWC/Pages/Educational-Materials.aspx>

## **EWC Clinical Services**

### **EWC Providers, Recruitment and Network Maintenance**

The COVID-19 Public Health Emergency (PHE) created challenges for EWC and Primary Care Providers (PCPs). The direct effect of the PHE caused significant staff shortage from clerical to clinicians, in addition to staff turnover and redirection of clinic staff. Some of the clinics' locations also stopped providing preventative services to accommodate COVID-19 related services. The delivery of EWC screening and diagnostic services were delayed by the above constraints, but also by patients' fear to visit clinical facilities and potentially be exposed to the virus when they did not have significant health issues.

As of December 31, 2021, in spite of these challenges, EWC Clinical Coordinators (CCs) continued to recruit and enroll new providers. In addition, CCs continued to provide virtual staff trainings and program orientations to the new providers and clinic staff. A reported 986 EWC PCPs continue accepting new and existing patients, and provide breast and cervical cancer screening and diagnostic services to EWC beneficiaries.

### **Evidence Based Interventions (EBIs) to Increase Overall Clinic Screening Rates**

As of December 31, 2021, EWC focused on implementing EBI strategies, among program PCPs. The EBI project goal is to introduce strategies, which increase breast and cervical cancer screening rates. The CCs are the primary educators who offer EBI information and materials, while encouraging PCPs to focus on increasing screening rates. While EWC program signs an agreement with the clinics that participate in EBI projects, all the newly enrolled providers and new clinic staff that receive EWC orientation and training are educated on EBI strategies and invited to participate in this project.

Participating clinics are on track to complete the annual data for this project and EWC continues to onboard new clinics. EWC is committed to increasing participation in EBI projects: all CCs, and HEs join in monthly conference calls with EWC. Frequent communication is essential to ensure that all contractors are trained, and acquainted with EBI strategies and challenges. EWC provided data forms to all participating clinics, to collect baseline and annual information that is analyzed for clinical data and screening rates. In addition, CCs and HEs gathered data and tracked all trainings. Regular clinic meetings, communications and activities are reported to EWC at the end of the fiscal year. EWC was successful in collecting all required baseline, annual, and COVID-19 forms to date.

### **California Pink Ribbon License Plate**

California Breast Cancer Awareness license plate (also known as Pink Plate), was started by a group of breast cancer survivors (the Survivor Sisters) in California who wanted to make a difference by promoting early detection and helping more women survive breast cancer. The Survivor Sisters brought the idea of the license plate to former Assemblymember Joan Buchanan, who authored Assembly Bill (AB) 49 (Buchanan, Chapter 351, Statutes of 2014). AB 49 authorized DHCS to apply to the Department of Motor Vehicles (DMV) to sponsor a breast cancer awareness license plate program. In December 2017, the first Pink Plate was issued.

As of December 31, 2021, the DMV reported 6,071 breast cancer awareness special interest license plates currently in operation, of which 25 were motorcycle license plates. Since its inception, total revenues, minus the costs of new plates and administration, \$711,626.07 has been collected from Pink Plate proceeds, and all proceeds have been used to reimburse EWC PCPs for breast cancer screening and diagnostic services.



EWC Biannual Reports to the Legislature are published on the DHCS website:

<https://www.dhcs.ca.gov/formsandpubs/Pages/Reports-to-the-Legislature.aspx>