



**Every Woman Counts
Expenditure and Caseload
Biannual Report to the Legislature
January 1 – June 30, 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 (CDC), 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 the EWC Program 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 first 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 this reporting period, January 1 through June 30, 2021, there were no critical issues documented.

Caseload

This biannual report to the Legislature includes Fiscal Year (FY) 2020-21 data on caseload, as well as actual clinical claims and expenditures. EWC providers can submit clinical claims within six months following the month in which the services were rendered.

EWC Observed Caseload^[1] was 83,035 individuals from January 1 through June 30, 2021. The EWC Program experienced a caseload increase of 14 percent, compared to the caseload (71,645 individuals) for the same period last year (January 1 through June 30, 2020).

EWC Actual Clinical Claims and Expenditures (Table 1) was \$14,595,844 from January 1 through June 30, 2021, which was a 16 percent increase in total expenditures of \$12,676,257 from January 1 through June 30, 2020.

¹ 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

Actual Expenditures for Dates of Service January 1, 2021 through June 30, 2021		
Type of Claim	Total Claims	Total Amount Paid*
Office Visits, Consultations, and Telehealth	65,183	\$ 1,801,532
Screening Mammograms	56,100	\$ 5,425,454
Diagnostic Mammograms ^[2]	22,074	\$ 2,209,600
Diagnostic Breast Procedures ^[2]	35,409	\$ 3,571,215
Magnetic Resonance Imaging ^[2]	473	\$ 85,973
Cervical Screening and Diagnostic Services ^[3]	32,423	\$ 762,062
Other Clinical Services ^{[2] [4]}	10,421	\$ 460,033
Case Management ^[5]	5,606	\$ 279,975
Grand Total	227,689	\$14,595,844

***Note:** The data in the chart was extracted from the Management Information System/Decision Support System (MIS/DSS) as of November 22, 2021.

The EWC Program was appropriated \$37.3 million for FY 2020-21, as reported in the Family Health, May 2020, Local Assistance Estimate.

EWC Program Activities for January 1 through June 30, 2021

Health Equity

The EWC Program advocates equity by eliminating health disparities and ensuring access to breast and cervical cancer screening and diagnostic services for all program-eligible Californians by conducting outreach, providing navigation services, and implementing strategies to improve clinic-screening rates.

In July 2021, EWC participated in the CDC, 30th Anniversary, National Breast and Cervical Cancer Early Detection Program, *Working toward Health Equity* national meeting, which provided a venue for grantees from each state to highlight their accomplishments, and provided an opportunity for states to hear from nationally recognized health equity speakers. EWC staff collected valuable resources from the

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

³ Cervical Screening and Diagnostic Services was added as a new category to correctly depict the breakdown of EWC funding. Previously, these expenses were incorporated in the Other Category.

⁴ Other Clinical Services are pathology procedures for both breast and cervical cancer screenings.

⁵ Case Management is not reimbursable for normal screening results and is reimbursed at \$50 for abnormal screening results.

meeting, and will continue to explore ways to address screening disparities in order to increase the screening rates in California.

Additionally, EWC staff participated, as an ex-officio member, on the California Dialog on Cancer Coalition's executive committee. The Coalition's goal is to develop and implement strategies to reduce the cancer burden throughout California. The Coalition created a Health Equity Working group that is actively working on a Sexual and Gender Identity Plus (SOGI+) Data Project.

Collaborative Approach to Increase Screenings

In San Joaquin County, EWC has a partnership with the *California Health Collaborative*, to provide EWC Program services, including patient navigation, community education, and outreach, as well as training and technical assistance to EWC providers. Based on a high incidence of breast and cervical cancer mortality in San Joaquin County and a decrease in cancer screening rates, possibly due to individuals postponing their preventative services, or anxiety of exposure to COVID-19 at the doctor's office, *California Health Collaborative* and local EWC providers decided to host a screening event.

In March 2021, Regional Health Educators collaborated with the Community Medical Center West Lane, an EWC provider, to host a *Mammogram and Pap Day* event. This was the first in-person event, since March 2020, when California's stay-at-home order went into effect. In addition, Alina Health participated in the event, by providing a mobile mammography unit, and the Community Medical Center conducted the Pap (Papanicolaou) screenings. This event, offered for the first time, both mammograms and pap tests simultaneously.

A week prior, participants were scheduled appointments for the event; however, walk-ins were welcome on the day of the event. The hosts of the event found that pre-scheduling appointments was an effective approach, particularly for those individuals who were past due on their screenings, or those who were apprehensive to go to a doctor's office. The *Mammogram and Pap Day* was a huge success. A total of 33 mammograms and 22 Pap screenings were completed. Sixteen of the 33 individuals who received mammograms were eligible for the EWC Program.

EWC Outreach and Education

Regional Health Educators and Community Health Workers (CHWs) held 211 classes and 118 one-on-one sessions, reaching 1,589 individuals. This is an 80 percent increase compared to the 881 recipients who received breast and/or cervical cancer education during the same period last year (January 1, 2020 through June 30, 2020). Health Educators and CHWs have begun to conduct health education and outreach in person, following their county's COVID safety guidelines, through events such as drive-thru and drive-up health fairs. Some counties are still hesitant to conduct face-to-face activities, so Health Educators and CHWs continued to utilize virtual platforms such as Zoom, WebEx, Facebook, and the NextDoor App.

EWC Clinical Services

EWC Providers, Recruitment and Network Maintenance

In spite of the overwhelming challenges, due to the COVID-19 Public Health Emergency (PHE), EWC regional Clinical Coordinators continue to recruit and enroll new primary care providers. As of June 30, 2021, EWC had 1,308 PCPs accepting new patient referrals. The Clinical Coordinators continued to provide virtual staff trainings and program orientations to the new providers and clinic staff.

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

EBIs are part of a new provider project in which the Clinical Coordinators are the primary educators who inform and encourage providers on the importance of increasing breast and cervical cancer screening rates. Table 2, below, identifies specific approaches and interventions that are considered EBIs.

Table 2 EWC Evidence-Based Approaches and Interventions (EBIs) ^[6]

Approach	Intervention
Increasing Client Demand	<ul style="list-style-type: none">• Client Reminders• Group Education• One-on-One Education• Small Media
Increasing Client Access	<ul style="list-style-type: none">• Reducing Structural Barriers• Reducing Out-of-Pocket Costs
Increasing Provider Delivery (of screening services by utilizing feedback interventions and/or prompts)	<ul style="list-style-type: none">• Provider Assessment & Feedback• Provider Reminders

As of June 30, 2021, EWC staff has worked with five established clinics to implement EBIs aimed at increasing breast and cervical cancer screening rates. Clinics were offered funds to support the execution of sustainable procedures for the implementation of EBIs. Clinical Coordinators and EWC staff identified and recruited two additional clinics interested in implementing EBIs tailored for the clinics' individual needs. Three out of the five clinics successfully renewed a request for funding, to assist with implementation of the EBIs in their clinics.

Clinics used the funding to improve electronic health record systems, provide patient and provider reminders, offer transportation assistance for appointments, and hire additional staffing for data tracking. In addition, electronic pamphlets, small media motivational flyers, Facebook messaging, and group classes were available to

⁶ The Centers for Disease Control and Prevention requires EWC to select interventions in the [Guide to Community Preventive Services](#). The guide is a collection of evidence-based findings recommended by the federal Community Preventative Services Task Force.

encourage women to proceed with breast and cervical cancer screening during the COVID-19 PHE.

Ultimately, all EWC providers will be expected to implement EBIs. EWC has equipped clinics with necessary implementation tools, such as baseline and annual forms. EWC uses these forms to collect and analyze clinical data and screening rates. Clinical Coordinators and health educators track data on all trainings, regular clinic meetings, communications and activities, and submit all related activities to EWC by the end of each fiscal year.

California Breast and Cervical Cancer Advisory Council (BCCAC)

In 1993, the California Legislature enacted the Revenue and Taxation Code Section 30461.6 (h), which established the BCCAC. The Council is comprised of breast cancer researchers, representatives from nonprofit health organizations, health care professional organizations, breast cancer survivors, and advocacy groups. The DHCS Director appoints BCCAC members.

On August 19, 2021, DHCS Benefits Division and EWC staff met with the BCCAC. During the meeting, a newly appointed council member, Ms. Patty Cason, RN, MS, FNP-BC was introduced. Ms. Cason brings a high degree of expertise and knowledge to the Council; she is a member of the American Society of Colposcopy Cervical Pathology Board of Directors, a workgroup that created a 2019 Risk-Based Management Consensus Guidelines, and consults with Medi-Cal's Family Planning, Access Care and Treatment program.

During the meeting, Dr. Marianne Kavanagh Lynch, Director of the Breast and Cervical Cancer Research Program, presented information on primary prevention of breast cancer. Dr. Lynch reviewed activities that address interventions, efficacy, access to care, and post-diagnosis concerns for populations disproportionately affected by breast and cervical cancer.

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 June 30, 2021, the DMV reported 5,529 breast cancer awareness special interest license plates currently in operation, of which 29 were motorcycle license plates. Since its inception, total revenues, minus the costs of new plates and administration, of \$631,013.53 have been collected from Pink Plate proceeds, and \$231,000 has been used to reimburse EWC providers for breast cancer screening and diagnostic services.

EWC has allocated the remaining revenues of \$400,013 to reimburse providers, as reflected in the DHCS Family Health Estimate process. In the past three years, EWC has expended the program's maximum allowable amount of \$77,000 per year, as appropriated by the Department of Finance.



EWC Biannual Reports to the Legislature are posted online on the DHCS website:

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