EVERY WOMAN COUNTS EXPENDITURE AND CASELOAD BIANNUAL REPORT TO THE LEGISLATURE JANUARY 1 – JUNE 30, 2023



BACKGROUND

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

This EWC first biannual report for 2023 complies with Health and Safety Code Section 104151(b), which requires DHCS to provide biannual updates, no later than February 28 and August 31 of each year, to the fiscal and appropriate policy committees of the Legislature. The report includes the most recent program information, for a 6-month period, on clinical service activities, caseload, and summarizes expenditures. The data available in this report includes clinical claims and expenditures for office visits and consults, screening mammograms, diagnostic mammograms, diagnostic breast procedures, magnetic resonance imaging, cervical screening, diagnostic services, case management, and other clinical services. During this reporting period, January 1 through June 30, 2023, there were no critical issues documented.

CASELOAD

This biannual report to the Legislature includes Fiscal Year (FY) 2022-23 data on caseload. EWC providers can submit clinical claims within 6 months following the month in which the services were rendered.

EWC Observed Caseload ^[1] was 67,371 individuals from January 1 through June 30, 2023. EWC experienced a caseload decrease of 18.7 percent, compared to the caseload (82,873 individuals) for the same period last fiscal year (January 1 through June 30, 2022).

EWC Actual Clinical Claims and Expenditures (Table 1) were \$11,956,826 from January 1 through June 30, 2023, which represents a 14.7 percent decrease in total expenditures when compared to the expenditures (\$14,018,481) for the same period last fiscal year (January 1 through June 30, 2022).

¹ Caseload is defined as the number of EWC individuals, designated by a unique identification number, who received at least one paid service during the reporting period.

Table 1: EWC Actual Clinical Claims and Expenditures

For Dates of Service: January 1 through June 30, 2023

Type of Claim	Total Claims	Total Amount Paid*
Office Visits, Consultations, and Telehealth	56,267	\$1,590,039
Screening Mammograms	59,118	\$4,509,239
Diagnostic Mammograms [2]	17,783	\$1,717,383
Diagnostic Breast Procedures [2]	31,688	\$2,698,781
Magnetic Resonance Imaging [2]	508	\$85,585
Cervical Screening and Diagnostic Services [3]	29,071	\$740,427
Other Clinical Services [2] [4]	7,783	\$362,259
Case Management [5]	5,067	\$253,113
Grand Total	207,285	\$11,956,826

^{*}Note: The data in the chart was extracted from the Management Information System/Decision Support System (MIS/DSS) as of November 17, 2023.

EWC was appropriated \$40.7 million for FY 2022-23, as reported in the November 2022 Family Health Local Assistance Estimate, which is available on the DHCS website here: Local Assistance Estimates Main Page.

² Type of Claim categories for Diagnostic Mammograms, Diagnostic Breast Procedures, Magnetic Resonance Imaging, and Other Clinical Services are broken down to provide more details on the type of claim and services provided.

³ Cervical Screening and Diagnostic Services were 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.

EWC Program Activities for January 1 through June 30, 2023

EWC OUTREACH AND EDUCATION

Health Educators (HEs) and Community Health Workers (CHWs) held 325 classes and 257 single sessions, reaching 3,606 individuals. HEs collaborated with various county organizations to improve breast and cervical cancer screening rates and offer virtual and in-person health education lessons. HEs created a network of resources that targeted underserved populations, specifically, African American and Latina communities.

Furthermore, communities held screening events that allowed them to engage with participants and help with cancer screening and navigation. Effective recruitment of new multilingual CHW's allowed HEs the opportunity to reach additional communities and provide health education, ensuring the use of EWC services.

Table 2: Identify Specific EBI Approached and Interventions

Approach	Intervention	
Increasing Client Demand	Client RemindersGroup EducationOne-on-One EducationSmall Media	
Increasing Client Access	Reducing Structural BarriersReducing Out-of-Pocket Costs	
Increasing Provider Delivery screening services by utilizing feedback interventions	Provider Assessment & FeedbackProvider Reminders	

EWC PROGRAM OVERSIGHT OF EBIs [6]

DHCS oversees each clinic by providing a statewide and a regional liaison that are responsible for staff orientations, monitoring EBI implementation plans, and providing on-going technical support. Additionally, communication and monitoring are

⁶ The CDC requires EWC to select interventions in the <u>Guide to Community Preventive</u> <u>Services</u>. The guide is a collection of evidence-based findings recommended by the federal Community Preventative Services Task Force.

maintained through bi-monthly check-in meetings as well as mid-year and year-end data reporting. Clinics have a 12-month timeframe (June 1, 2023, through May 30, 2024) to utilize their awarded grant funding.

Additionally, EWC provides each clinic with the necessary tools for EBI implementation. The tools consist of baseline and annual forms, which are used to collect and analyze clinical data and screening rates. Moreover, CCs and HEs continue to track and submit data to EWC on trainings, clinic meetings, communication, and relatable activities, by the end of each fiscal year.

CALIFORNIA PINK RIBBION LICENSE PLATE

The 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 help 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, 2023, the DMV reported 5,470 breast cancer awareness special interest license plates currently in operation, of which 19 were motorcycle license plates. Since its inception, Pink Plate has generated \$1,008,443.07 in total revenues (minus the costs of new plates and administration). All proceeds have been used to reimburse EWC Providers for breast cancer screening and diagnostic services, as reflected in the DHCS Family Health Local Assistance Estimate.



As always, all EWC Biannual Reports to the Legislature are posted online on the DHCS website at the following link:

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