



**Every Woman Counts
Expenditure and Caseload
Biannual Report to the Legislature
July 1 – December 31, 2022**

**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 (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 referrals for treatment, 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 by eliminating health disparities for medically underserved, low-income individuals.

This EWC second biannual report for 2022 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 EWC Program information for a six-month period on clinical service activities and 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, July 1 through December 31, 2022, 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 six months following the month in which the services were rendered.

EWC Observed Caseload^[1] was 65,401 individuals from July 1 through December 31, 2022. The EWC Program experienced a caseload decrease of 23.7 percent, compared to the caseload (85,728 individuals) for the same period last fiscal year (July 1 through December 31, 2021).

EWC Actual Clinical Claims and Expenditures (Table 1) was \$11,460,388 from July 1 through December 31, 2022, which was an 18.3 percent decrease in total expenditures of \$14,031,384 from July 1 through December 31, 2021.

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 Expenditures¹

Actual Expenditures for Dates of Service July 1, 2022 through December 31, 2022		
Type of Claim	Total Claims	Total Amount Paid*
Office Visits, Consultations, and Telehealth	50,754	\$1,430,388
Screening Mammograms	68,342	\$4,386,138
Diagnostic Mammograms ^[2]	23,088	\$1,602,781
Diagnostic Breast Procedures ^[2]	40,134	\$2,623,973
Magnetic Resonance Imaging ^[2]	530	\$73,831
Cervical Screening and Diagnostic Services ^[3]	29,999	\$775,016
Other Clinical Services ^{[2] [4]}	6,729	\$338,998
Case Management ^[5]	4,587	\$229,263
Grand Total	224,163	\$11,460,388

*Note: The data in the chart was extracted from the Management Information System/Decision Support System as of May 10, 2023.

The EWC Program was appropriated \$31.6 million for FY 2022-23, as reported in the Family Health, May 2023, Local Assistance Estimate^[6].

EWC Program Activities for July 1 through December 31, 2022

EWC Outreach and Education

Regional Health Educators (RHEs) and Community Health Workers (CHWs) held 319 classes and 233 one-on-one sessions, reaching 3,169 individuals. RHEs and CHWs continued to partner with various organizations in counties with advanced breast and cervical cancer rates to schedule virtual and in-person health education classes and conduct one-on-one sessions. Community collaborators continue to be at various stages of in-person meetings; some are conducting hybrid gatherings, others are still solely virtual. During this period, EWC also completed screening navigation for 148

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.

⁶

https://www.dhcs.ca.gov/dataandstats/reports/mceestimates/Documents/2023_May_Estimate/M23-Medi-Cal-Local-Assistance-Appropriation-Estimate.pdf

women and helped them resolve barriers to obtaining breast and/or cervical cancer screening and treatment services.

Health Equity

To advance health equity, continue quality improvement, and address variances in race, ethnicity, language, and other factors, our EWC Program staff continue to collaborate with the California Dialogue on Cancer (CDOC) Coalition. Established in 2002, the CDOC Coalition is a thriving group of individuals and organizations that were arranged by California's Comprehensive Cancer Control Program in order to collectively tackle goals and objectives that focus on reducing California's cancer burden. In addition, a health equity workgroup was established to address the Sexual Orientation and Gender Identity Plus Data Project. EWC's Public Health Medical Officer serves as an ex-officio member on the CDOC Coalition Executive Committee and is also a participant on the Sexual Orientation and Gender Identity Plus Data Project workgroup.

EWC Clinical Services

EWC Providers, Recruitment and Network Maintenance

As of December 31, 2022, there were 1,100 Primary Care Providers (PCPs) enrolled in the EWC Program. Through recruitment, enrollment, virtual staff trainings, and program orientations to new PCPs; our EWC Clinical Coordinators delivered support and provided technical assistance to the EWC PCP Network.

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

EBIs continue to be a critical part of an on-going EWC PCP Project. Clinical Coordinators are the primary educators that inform and encourage providers about the importance of increasing breast and cervical cancer screening rates. **Table 2** identifies the specific approaches and interventions being utilized to increase overall clinic screening rates.

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 (<i>on screening services by utilizing feedback interventions and/or prompts</i>)	<ul style="list-style-type: none">• Provider Assessment & Feedback• Provider Reminders

Table 2: EWC Evidence-Based Approaches and EBIs ^[7]

After July 1, 2022, EWC staff worked with two established clinics to increase breast and cervical cancer screening rates. The clinics were offered funding to support the execution of sustainable procedures to implement EBIs. These clinics are unique because they serve a hard-to-reach population. One clinic, located in the Central Valley, primarily serves Native American populations. The other clinic, located in Los Angeles County, serves rural areas by utilizing mobile mammography to eliminate transportation barriers to receiving cancer screenings.

EWC has equipped each clinic with tools that are necessary for implementation of EBIs. These tools consist of baseline and annual forms for EWC to collect and analyze clinical data and screening rates. In addition, Clinical Coordinators and Health Educators track data from all trainings, regular clinic meetings, communications and activities, and they submit related activities to the EWC Program by the end of each FY.

California Pink Ribbon 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 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. The first Pink Plate was issued in December 2017.

As of December 31, 2022, the DMV reported 5,605 breast cancer awareness special interest license plates currently in operation, of which 18 were motorcycle license plates. Since its inception, Pink Plate has generated \$909,197 in total revenues (minus the costs of new plates and administration). All proceeds have been used to reimburse EWC providers for performing breast cancer screening and diagnostic services, as reflected in the DHCS Family Health Estimate process.



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

⁷ The CDC 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.

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