Case Study: Ballad Health's Appalachian Highlands Care Network

Ballad Health Improves Outcomes for Rural Uninsured & Underinsured Patients

Appalachian Highlands Care Network (AHCN) addresses upstream drivers of uncompensated care

Case Study Snapshot

Footprint: Headquartered in Johnson City, TN; 20 hospital health system across the rural Appalachian Highlands region (KY, NC, TN, VA)

Timeframe: 2021-Present

Challenge: Uninsured and underinsured individuals in Ballad Health's Appalachian region lacked reliable, proactive access to primary care, specialty care, chronic disease management, and health-related social needs support. As a result, many were delaying care until preventable conditions became severe and surfaced in the ED.

Solution: AHCN—a multi-pronged care model leveraging community health workers (CHWs), community navigators, and safety-net partnerships to improve outcomes for patients living within a 21-county service area that are either uninsured or have income below 225% of the federal poverty level.

Key Partners:

- Ballad Health
- Project Access
- Safety-net clinics
- Community-based organizations (CBOs)

Challenges Addressed

Rethinking Workforce Innovation

AHCN's staffing model leverages capacity extenders, such as CHWs and community navigators, while aligning staffing intensity with patient acuity so each patient receives support that reflects the complexity of their needs.

Addressing SDOH in Rural-Specific Contexts

"Broker, don't build" grassroots approach to developing AHCN, relying on a network of community partners to understand where Ballad could optimally deploy resources to fill in infrastructure gaps rather than duplicating existing services that address social needs.

Key Outcomes *(as of April 2026)*

32% reduction in total cost of care

28% reduction in preventable inpatient (IP) utilization

$2.49-$3.42 returned per $1 invested

AHCN: Appalachian Highlands Care Network; CHW: Community Health Worker; SDOH: Social Drivers of Health; ED: Emergency Department
Sources: [1] THMA research and analysis

“Broker, Don’t Build” Approach Underpins Collaborative Program Delivery

Program launch facilitated by embedding within existing community infrastructure across 3 different program components

Patient Identification & Enrollment

- After finding cold outreach via telephone to be ineffective, co-located CHWs and community navigators directly within trusted community partner organizations to enroll eligible patients.
- Later added an additional enrollment mechanism of allowing self-referrals from CBO partners

Regional Care Network Expansion

- Expanded access to primary care by tapping into each region’s existing free clinic infrastructure
- Partnered with Project Access, a non-profit organization, to expand access to low- and no-cost specialty care across a network of independent specialists
- Removed barriers to access for all Ballad Health services by allowing seamless referrals through AHCN

Social Care Integration

- Participation in a closed-loop referral network through the UniteUs platform, connecting patients to regional agencies addressing social and behavioral needs (e.g., transportation, food, behavioral health)

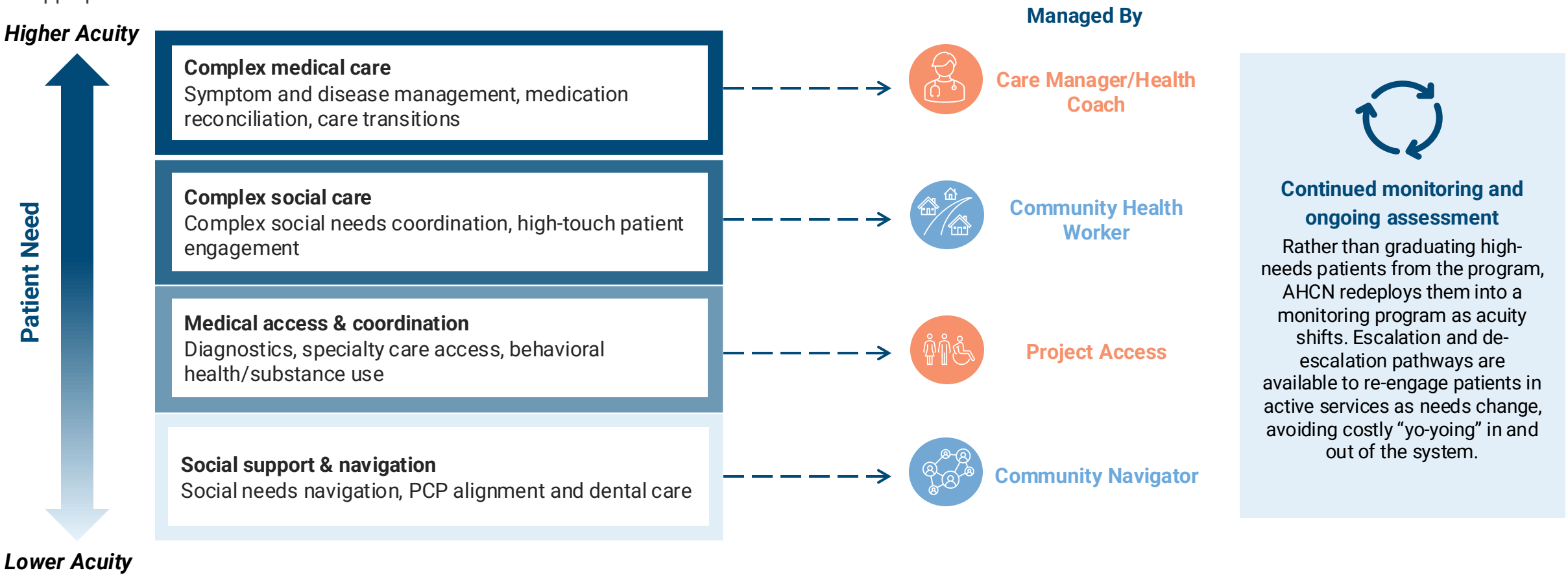
> *Whenever you're starting a new program, it's important to first ask what existing resources there are inside or outside the system you're working in. In a situation like this, we try not to duplicate existing resources* ***but to partner with and, to the degree possible, better empower those resources.”***
>
> *– Todd Norris, Chief Population Health Officer, Ballad Health*

CHW: Community Health Worker; CBO: Community-Based Organization; AHCN: Appalachian Highlands Care Network
Sources: [1] THMA research and analysis.

AHCN's Program Design Matches Care Intensity to Patient Complexity

With a primary focus on expanding access to primary care to reduce the need for high-intensity, costly inpatient care

Although the program began with a high-fidelity CHW model, low panel sizes and CHW certification costs made it financially unsustainable to deploy this workforce at scale. AHCN introduced community health navigators—a complementary, similarly trained role—to support lower-acuity patients. CHWs now focus on the highest need, most complex cases, transitioning patients to navigators as needs stabilize, or handing off to other roles within the system (e.g., care managers for recovery support) as appropriate.



AHCN: Appalachian Highlands Care Network; CHW: Community Health Worker; PCP: Primary Care Provider

Sources: [1] THMA research and analysis.

Ballad Health's Appalachian Highlands Care Network: Lessons Learned for Health Systems

1

High-fidelity programs managing complex social and medical needs lend themselves well to rural contexts, but consider where workforce & resource constraints may hinder program scalability.

- High-touch nature of CHW-dependent programs combined with CHW certification costs initially created barriers to scaling.
- Ballad Health introduced a more cost-effective, tiered staffing approach that leverages community navigators, care managers, and partners (e.g., Project Access) to manage patients based on specific needs and acuity.

2

A value-based approach to managing uninsured populations can be a strategy for proactively mitigating the disproportionate impact of the impending uncompensated care crisis on rural health outcomes.

- Focusing on the "three-legged stool" of managing health-related social needs, healthcare access, and chronic disease management represents a unique opportunity to reduce uncompensated care.
- Although AHCN does not generate direct revenue, it creates value via its downstream impact on resource savings elsewhere in the system that offset program costs, e.g., preserving inpatient capacity or shifting utilization to appropriate, lower-cost settings.

What's Next?

- Explore how telehealth and innovative digital strategies can mitigate SDOH barriers and support increased access to AHCN services
- Utilize evidence-based, outcomes-driven agentic AI capabilities to overcome workforce shortages and expand program capacity to deliver prevention and disease management services

CHW: Community Health Worker; AHCN: Appalachian Highlands Care Network; SDOH: Social Drivers of Health; AI: Artificial Intelligence/ Augmented Intelligence

Sources: [1] THMA research and analysis.