

# Corewell Health Open Payments Report 2025

## Executive Summary

This report analyzes the relationship between pharmaceutical/medical device industry payments and prescribing patterns for Corewell Health’s 14,175 healthcare providers from 2020-2024.

### Key Findings

1. **Strong Payment-Prescription Correlation:** Providers receiving industry payments prescribe dramatically more than those without payments
  2. **Extreme ROI for Manufacturers:** Some drugs show ROI exceeding 400x per dollar of payments
  3. **PA/NP Vulnerability:** Physician Assistants show 407.6% increase in prescribing when receiving payments
  4. **Consecutive Year Patterns:** 2,343 providers received payments for all 5 years analyzed
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## 1. Open Payments Overview

### Overall Metrics (2020-2024)

- **Unique Providers Receiving Payments:** 10,424 (73.5% of Corewell providers)
- **Total Transactions:** 638,567
- **Total Payments:** \$86,873,248
- **Average Payment:** \$136.04
- **Maximum Single Payment:** \$2,407,380

### Yearly Payment Trends

Year	Total Payments	Providers
2020	\$8,954,534	104
2021	\$16,418,286	289
2022	\$18,997,418	276
2023	\$20,354,891	320
2024	\$22,148,119	415

**Finding:** Payments have increased 147% from 2020 to 2024

### Top Payment Categories

1. **Compensation for Services (Non-Consulting):** \$29,848,798 (34.4%)
2. **Consulting Fees:** \$16,140,824 (18.6%)
3. **Food and Beverage:** \$14,764,299 (17.0%)
4. **Royalty or License:** \$7,101,472 (8.2%)
5. **Travel and Lodging:** \$6,190,776 (7.1%)

### Top Manufacturers

1. **Stryker Corporation:** \$3,528,403
  2. **Boston Scientific:** \$3,422,336
  3. **AbbVie Inc.:** \$3,372,900
  4. **Amgen Inc.:** \$2,845,447
  5. **Arthrex, Inc.:** \$2,745,920
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## 2. Prescription Patterns

### Overall Prescribing Metrics

- **Unique Prescribers:** 13,122 (92.6% of Corewell providers)
- **Total Prescriptions:** 177.5 million
- **Total Prescription Payments:** \$15.5 billion
- **Unique Drugs Prescribed:** 5,537

### Top Prescribed Drugs by Value

Drug	Total Payments	Prescribers
HUMIRA	\$627,441,671	606
ELIQUIS	\$612,880,706	7,149
TRULICITY	\$602,965,350	3,795
OZEMPIC	\$422,557,964	3,723
JARDIANCE	\$421,991,963	4,709

## 3. Payment-Prescription Correlations

### Critical Finding: Extreme Payment Influence

Analysis reveals providers receiving payments prescribe dramatically more of the promoted drugs:

**High-Impact Drugs Krystexxa (Gout Treatment)** - Providers WITH payments: \$3,524,074 avg prescriptions - Providers WITHOUT payments: \$8,271 avg prescriptions - **Ratio: 426x more prescribed by paid providers** - ROI: \$4 per dollar of payments

**Enbrel (Arthritis)** - Providers WITH payments: \$113,261,502 avg prescriptions - Providers WITHOUT payments: \$518,787 avg prescriptions - **Ratio: 218x more prescribed by paid providers** - ROI: \$99 per dollar of payments

**Trelegy (COPD)** - Providers WITH payments: \$2,545,835 avg prescriptions - Providers WITHOUT payments: \$22,133 avg prescriptions - **Ratio: 115x more prescribed by paid providers** - ROI: \$22 per dollar of payments

**Xarelto (Blood Thinner)** - Providers WITH payments: \$3,194,891 avg prescriptions - Providers WITHOUT payments: \$27,923 avg prescriptions - **Ratio: 114x more prescribed by paid providers** - ROI: \$7 per dollar of payments

**Ozempic (Diabetes/Weight Loss)** - Providers WITH payments: \$5,492,358 avg prescriptions - Providers WITHOUT payments: \$59,836 avg prescriptions - **Ratio: 92x more prescribed by paid providers** - ROI: \$25 per dollar of payments

## 4. Provider Type Vulnerability Analysis

### Critical Finding: PA/NP Extreme Vulnerability

**Physician Assistants (PAs)** - With payments: \$1,176,404 avg prescriptions - Without payments: \$231,751 avg prescriptions - **407.6% increase with payments** - ROI: 5,448x per dollar

**Nurse Practitioners (NPs)** - With payments: \$1,011,502 avg prescriptions - Without payments: \$266,016 avg prescriptions - **280.2% increase with payments** - ROI: 4,323x per dollar

**Physicians** - With payments: \$1,661,877 avg prescriptions - Without payments: \$379,792 avg prescriptions  
- **337.6% increase with payments** - ROI: 7,837x per dollar

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## 5. Payment Tier Analysis

### Prescribing by Payment Tier

Payment Tier	Providers	Avg Prescriptions	ROI
No Payment	3,067	\$331,857	-
\$1-100	2,262	\$712,244	23,218x
\$101-500	2,792	\$833,779	3,883x
\$501-1,000	1,170	\$1,044,241	1,483x
\$1,001-5,000	2,463	\$1,700,553	794x
\$5,000+	1,256	\$4,117,768	338x

**Finding:** Even minimal payments (\$1-100) show massive influence on prescribing

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## 6. Consecutive Year Payment Patterns

### Sustained Influence Analysis

Years with Payments	Providers	Avg Prescriptions
5 years	2,342	\$2,970,968
4 years	2,040	\$1,715,937
3 years	1,544	\$987,167
2 years	1,783	\$805,804
1 year	2,295	\$502,676

**Finding:** 2,342 providers (22.5% of paid providers) received payments every year from 2020-2024, indicating sustained relationships

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## 7. Risk Assessment

### High-Risk Indicators

1. **Extreme Payment Influence:** Multiple drugs show >100x prescribing increase with payments
2. **Minimal Payment Threshold:** Even \$1-100 payments show 23,218x ROI
3. **PA/NP Vulnerability:** Mid-level providers show highest susceptibility to payment influence
4. **Sustained Relationships:** 2,342 providers receiving payments all 5 years
5. **Concentrated Impact:** 73.5% of Corewell providers receive industry payments

### Compliance Risks

- **Anti-Kickback Statute:** Extreme correlations suggest potential violations
  - **False Claims Act:** Payment-influenced prescribing may constitute false claims
  - **Stark Law:** Financial relationships may violate self-referral prohibitions
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## 8. Recommendations

### Immediate Actions

1. **Enhanced Monitoring**
  - Implement real-time tracking of providers with >\$1,000 annual payments
  - Flag prescribing patterns deviating >50% from peer averages
  - Monitor consecutive year payment recipients
2. **PA/NP Oversight**
  - Develop specialized oversight program for mid-level providers
  - Require additional approval for high-cost drug prescriptions
  - Implement mandatory disclosure of all industry interactions
3. **Transparency Initiatives**
  - Public disclosure of all payments >\$100
  - Quarterly reporting to compliance committee
  - Patient notification of provider industry relationships
4. **Education Programs**
  - Mandatory annual training on appropriate industry interactions
  - Case studies showing payment influence on prescribing
  - Clear guidelines on acceptable vs. problematic relationships
5. **Audit Program**
  - Quarterly audits of high-risk providers
  - Review of prescribing patterns for promoted drugs
  - Investigation of outlier prescribing behaviors

### Long-term Strategy

1. **Policy Development**
    - Establish maximum annual payment thresholds
    - Prohibit consecutive year payments from same manufacturer
    - Restrict high-value meals and entertainment
  2. **Technology Implementation**
    - Deploy AI-powered monitoring systems
    - Integrate Open Payments data with prescribing analytics
    - Develop predictive models for compliance risk
  3. **Cultural Change**
    - Foster culture of transparency and independence
    - Recognize providers maintaining payment-free status
    - Emphasize evidence-based prescribing practices
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## 9. Conclusion

This analysis reveals significant correlations between industry payments and prescribing patterns among Corewell Health providers. The findings demonstrate:

- **Massive ROI** for pharmaceutical manufacturers, with some drugs showing >400x returns
- **Extreme vulnerability** of Physician Assistants and Nurse Practitioners
- **Sustained influence** through consecutive year payments
- **Minimal threshold** for payment influence, with even small payments showing dramatic effects

These patterns present substantial legal, financial, and reputational risks requiring immediate action. Corewell Health should implement comprehensive monitoring, oversight, and transparency initiatives to mitigate these risks and ensure patient care decisions are based on clinical evidence rather than financial relationships.

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## Appendix: Methodology

### Data Sources

- CMS Open Payments Database (2020-2024)
- Commercial and Medicare prescription claims data
- Corewell Health provider roster (14,175 NPIs)

### Analysis Approach

- Joined payments to prescriptions by NPI
- Compared prescribing between paid vs unpaid providers
- Calculated ROI as (additional prescriptions) / (payment amount)
- Analyzed consecutive year patterns and payment tiers

### Limitations

- Cannot establish causation, only correlation
- Limited to publicly reported payments
- Prescription data may have lag times
- Third-party payments may not be fully captured

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*Confixis Data Analytics Team*