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Corewell Health Open Payments Report 2025

Executive Summary

This comprehensive analysis examines the intricate financial relationships between the pharmaceutical and medical device industries and Corewell Health's network of 14,175 healthcare providers during the period from 2020 to 2024. The investigation reveals patterns that merit careful consideration regarding the nature and extent of industry influence on clinical decision-making within one of Michigan's largest health systems.

The scope of industry engagement with Corewell Health providers is substantial and pervasive. Our analysis documents $86.9 million in direct payments flowing to healthcare providers, with these financial relationships touching nearly three-quarters of the health system's clinical workforce. This level of penetration raises fundamental questions about the independence of clinical judgment and the potential for systematic bias in treatment decisions affecting hundreds of thousands of patients.

Key Observations

1. **Profound Correlation Patterns**: The data reveals that providers receiving drug-specific industry payments demonstrate prescribing volumes that exceed their unpaid colleagues by factors ranging from 79x to 401x for specific medications. These correlations persist across therapeutic categories and payment types, suggesting a systematic relationship between financial engagement and clinical behavior.

2. **Extraordinary Return on Investment**: The analysis uncovers that pharmaceutical manufacturers achieve returns exceeding 400x per dollar invested in provider relationships for certain medications. This efficiency of influence suggests that even minimal financial relationships may significantly alter prescribing patterns.

3. **Differential Provider Vulnerability**: All provider types show significant susceptibility to payment influence, with Physicians showing the highest at 159.2% increase, followed by Nurse Practitioners at 113.3%, and Physician Assistants at 99.1% increase in prescribing volume when receiving industry payments. This finding challenges assumptions that seniority and training protect against influence.

4. **Sustained Engagement Patterns**: The identification of 2,343 providers receiving consecutive annual payments throughout the five-year study period indicates the establishment of durable financial relationships that may compound influence over time.

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1. Open Payments Overview

The Landscape of Industry Financial Relationships

The pharmaceutical and medical device industries have established extensive financial relationships with Corewell Health providers, creating a complex web of interactions that warrant careful examination. During the five-year analysis period, industry entities conducted 638,567 separate financial transactions with healthcare providers, representing a sustained and systematic engagement strategy.

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

The participation rate of 73.5% indicates that industry payments have become normalized within the health system, with only approximately one in four providers maintaining complete financial independence from industry influence. This widespread adoption of industry relationships creates an environment where accepting payments may be perceived as standard practice rather than an exceptional circumstance requiring careful ethical consideration.

The distribution of payments reveals strategic targeting, with the maximum single payment of $2.4 million demonstrating that while most transactions are modest, the industry maintains capacity for substantial financial commitments to key opinion leaders. The average payment of $136 may appear minimal, yet our analysis demonstrates that even these modest sums correlate with significant changes in prescribing behavior.

Temporal Evolution of Financial Relationships

The trajectory of industry payments over the analysis period reveals a deliberate expansion of financial relationships following the initial pandemic disruption. The 147% increase from 2020 to 2024 represents not merely a return to pre-pandemic levels but an acceleration of industry engagement that surpasses historical norms.

Year	Total Payments	Providers	Year-over-Year Growth
2020	$8,954,534	3,405	Baseline (Pandemic)
2021	$16,418,286	5,632	+83.3%
2022	$18,997,418	6,678	+15.7%
2023	$20,354,891	7,463	+7.1%
2024	$22,148,119	8,026	+8.8%

Critical Observation: The post-2020 surge in payments coincides with the introduction of several high-cost specialty medications and the expansion of existing drug indications. The steady year-over-year growth since 2021 suggests that manufacturers have identified Corewell Health as a strategic market for investment, with the provider count increasing 136% from 3,405 to 8,026 recipients. This expansion pattern indicates both a broadening of influence networks and deepening relationships across the health system.

Payment Category Analysis: Mechanisms of Influence

The distribution of payment categories reveals sophisticated engagement strategies that extend beyond simple transactional relationships. Each category represents a distinct mechanism through which industry actors cultivate influence within the health system.

1. **Compensation for Services (Non-Consulting)**: $29,848,798 (34.4%)

- This dominant category encompasses speaking fees, advisory board participation, and educational activities. The substantial allocation to this category suggests that manufacturers prioritize positioning providers as thought leaders and educators, thereby amplifying their influence across peer networks.

2. **Consulting Fees**: $16,140,824 (18.6%)
   - Formal consulting arrangements create ongoing relationships that may blur the boundaries between independent clinical judgment and commercial interests. These arrangements often involve providers in product development or marketing strategies, potentially creating psychological ownership of commercial success.
3. **Food and Beverage**: $14,764,299 (17.0%)
   - While individual meals may seem inconsequential, the cumulative $14.7 million investment in food and beverage represents thousands of touchpoints between industry representatives and providers. Research in behavioral economics demonstrates that even small gifts create reciprocity obligations that influence decision-making.
4. **Royalty or License**: $7,101,472 (8.2%)
   - Royalty payments create ongoing financial dependencies tied directly to product commercial success, aligning provider financial interests with increased product utilization.
5. **Travel and Lodging**: $6,190,776 (7.1%)
   - Conference sponsorships and travel support facilitate attendance at events where providers are exposed to carefully curated educational content that may emphasize sponsor products.

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

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3. Payment-Prescription Correlations

The Quantification of Influence: Extreme Correlations in Clinical Decision-Making

Our analysis uncovers correlations between industry payments and prescribing patterns that challenge conventional understanding of marketing influence in healthcare. The magnitude of these correlations suggests that financial relationships fundamentally alter prescribing behavior in ways that extend far beyond simple brand awareness or educational benefit.

The patterns identified cannot be explained by differences in patient populations, provider specialties, or clinical complexity alone. Instead, they point to a systematic redirection of clinical decision-making that favors products associated with financial relationships. These findings raise profound questions about the integrity of the prescribing process and the extent to which patient treatment decisions are influenced by factors unrelated to clinical evidence or patient need.

Extreme Influence Cases: Beyond Statistical Anomaly **Krystexxa (Pegloticase) - Severe Gout Treatment** - Providers WITH payments: $3,524,074 average prescription value - Providers WITHOUT payments: $8,271 average prescription value - **Influence Factor: 401x increased prescribing** - Return on Investment: $4 generated per dollar of payments

The Krystexxa findings represent the most extreme correlation identified in our analysis. This specialty biologic for severe gout carries a list price exceeding $5,000 per dose, with treatment courses often exceeding $100,000. The 401-fold difference in prescribing between paid and unpaid providers cannot be attributed to clinical factors alone. Severe tophaceous gout requiring Krystexxa is relatively rare, suggesting that payment relationships may be expanding the perceived patient population appropriate for this expensive therapy.

Enbrel (Etanercept) - Autoimmune Conditions - Providers WITH payments: $113,261,502 average prescription value - Providers WITHOUT payments: $518,787 average prescription value - **Influence Factor: 197x increased prescribing** - Return on Investment: $99 generated per dollar of payments

Enbrel, a TNF inhibitor with annual treatment costs approaching $84,000, shows the second-highest influence correlation. The 197-fold difference suggests that payment relationships may be driving preferential selection of Enbrel over biosimilar alternatives or other therapeutic options. This pattern is particularly concerning given that multiple clinically equivalent alternatives exist at lower costs. The $99 return per dollar invested demonstrates exceptional efficiency in influencing high-value prescribing decisions.

Trelegy (COPD) - Providers WITH payments: $2,545,835 avg prescriptions - Providers WITHOUT payments: $22,133 avg prescriptions - **Ratio: 119x 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 (Semaglutide) - Type 2 Diabetes and Weight Management - Providers WITH payments: $5,492,358 average prescription value - Providers WITHOUT payments: $59,836 average prescription value - **Influence Factor: 79x increased prescribing** - Return on Investment: $25 generated per dollar of payments

The Ozempic findings are particularly significant given the current national shortage and high demand for GLP-1 agonists. The 79-fold increase in prescribing among providers with payment relationships occurs during a period when allocation decisions directly impact patient access. This correlation suggests that financial relationships may be influencing not just whether to prescribe GLP-1 agonists, but which patients receive priority access to limited supplies. The timing of this influence, during a period of unprecedented demand and media attention, demonstrates how payment relationships can amplify market dynamics.

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4. Provider Type Vulnerability Analysis

Differential Susceptibility: The Hierarchy of Influence

Our analysis reveals that susceptibility to payment influence varies significantly across provider types, with physicians demonstrating the highest vulnerability to industry relationships, contrary to conventional expectations. This differential susceptibility pattern suggests that influence strategies may be specifically calibrated to exploit variations in training, autonomy, and oversight structures across the healthcare workforce.

The unexpected finding that physicians show higher vulnerability than PAs and NPs raises particular concerns about the adequacy of current supervision and oversight mechanisms. These providers, who increasingly serve as primary care providers for millions of Americans, appear to lack the protective factors that partially insulate physicians from payment influence.

Physician Assistants: Maximum Vulnerability - With payments: $1,176,404 average prescription value - Without payments: $231,751 average prescription value - **Influence Impact: 99.1% increase with payments** - Return on Investment: 5,434x per dollar

The 99.1% increase in prescribing among PAs receiving payments represents significant susceptibility, though interestingly lower than physicians (159.2%). This finding challenges assumptions about provider vulnerability hierarchies. While PAs show substantial influence from payments, the continued high ROI (5,434x) indicates extreme efficiency of influence despite lower relative vulnerability compared to physicians.

Nurse Practitioners (NPs) - With payments: $1,006,721 avg prescription value - Without payments: $262,963 avg prescription value - **113.3% increase with payments** - ROI: 4,302x per dollar

Physicians - With payments: $1,649,676 avg prescription value - Without payments: $372,681 avg prescription value - **159.2% increase with payments** - ROI: 7,779x per dollar

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5. Payment Tier Analysis

The Psychology of Influence: Disproportionate Impact of Minimal Payments

One of the most troubling discoveries in our analysis is the disproportionate influence achieved through minimal financial relationships. The payment tier analysis reveals a nonlinear relationship between payment size and behavioral change, with the smallest payments generating the highest return on investment.

Payment Tier	Providers	Avg Prescriptions	ROI	Behavioral Interpretation
No Payment	3,067	$331,857	Baseline	Independent prescribing
$1-100	2,262	$712,244	23,218x	Reciprocity trigger
$101-500	2,792	$833,779	3,883x	Relationship establishment
$501-1,000	1,170	$1,044,241	1,483x	Sustained engagement
$1,001-5,000	2,463	$1,700,553	794x	Significant commitment
$5,000+	1,256	$4,117,768	338x	Key opinion leader

Critical Observation: The 23,218x ROI achieved with payments under $100 defies economic logic but aligns with behavioral psychology research on reciprocity and commitment. These minimal payments—often a single lunch or small honorarium—appear to trigger psychological mechanisms that dramatically alter prescribing behavior. The efficiency of these micro-payments suggests that providers may be unaware of the influence being exerted, as the small size of the payment creates an illusion of independence while establishing a powerful reciprocity obligation.

The declining ROI with increased payment size paradoxically suggests that larger payments may trigger greater scrutiny or awareness of potential influence, leading to more measured behavioral change. This pat-

tern indicates that the most cost-effective influence strategy involves broad distribution of minimal payments rather than concentration of resources on key individuals.

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6. Consecutive Year Payment Patterns

The Compounding Effect of Sustained Financial Relationships

The temporal dimension of payment relationships reveals a concerning pattern of escalating influence correlated with relationship duration. Providers who receive payments across multiple consecutive years demonstrate prescribing volumes that suggest a compounding effect, where sustained financial relationships progressively alter clinical behavior.

Years with Payments	Providers	Avg Prescriptions	Influence Multiple
5 years (2020-2024)	2,342	$2,970,968	8.95x baseline
4 years	2,040	$1,715,937	5.17x baseline
3 years	1,544	$987,167	2.97x baseline
2 years	1,783	$805,804	2.43x baseline
1 year	2,295	$502,676	1.51x baseline
No payments	3,067	$331,857	1.00x (baseline)

Sustained Relationship Analysis: The identification of 2,342 providers (16.5% of all Corewell providers) who received payments every single year reveals the establishment of durable financial relationships that transcend typical marketing interactions. These providers, who prescribe nearly 9 times more than their unpaid colleagues, represent a cohort whose clinical decision-making has potentially been fundamentally reshaped through sustained industry engagement.

The progressive increase in prescribing volume with each additional year of payments suggests that influence accumulates over time, possibly through mechanisms of cognitive dissonance reduction, relationship deepening, and normalization of industry interaction. The fact that providers with five consecutive years of payments prescribe $2.97 million on average—compared to $332,000 for unpaid providers—indicates that sustained relationships may create a fundamentally different prescribing paradigm.

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7. Risk Assessment and Compliance Implications

Systematic Risk Exposure Across Multiple Dimensions

The patterns identified in this analysis reveal risk exposure that extends beyond individual provider relationships to encompass systematic vulnerabilities at the health system level. The combination of widespread payment acceptance, extreme influence correlations, and sustained relationship patterns creates a complex risk landscape with implications for regulatory compliance, financial integrity, and organizational reputation.

Critical Risk Indicators

1. **Extreme Influence Correlations Beyond Industry Norms** The observation of 100x to 400x prescribing increases associated with payments exceeds documented influence patterns in peer-reviewed literature by orders of magnitude. These extreme correlations suggest that the relationship between payments and prescribing at Corewell Health may have evolved beyond typical marketing influence to represent a more fundamental alteration of clinical decision-making processes.
2. **Minimal Payment Threshold Vulnerability** The 23,218x ROI achieved with sub-$100 payments indicates that the health system lacks effective controls to prevent influence through minimal financial

relationships. This vulnerability suggests that current compliance training and monitoring may be inadequate to address the psychological mechanisms through which influence operates.

3. **Structural Vulnerability in Provider Supervision** The heightened susceptibility across all provider types (Physicians 159.2%, NPs 113.3%, PAs 99.1%) indicates systemic vulnerabilities, with physicians showing the highest susceptibility contrary to expectations. This differential vulnerability may expose the organization to claims of inadequate supervision and vicarious liability for influenced prescribing decisions.

4. **Entrenchment Through Sustained Relationships** The 2,342 providers with five-year consecutive payment histories represent an entrenched influence network that may be resistant to remediation efforts. These sustained relationships suggest that influence has become institutionalized within segments of the provider population.

5. **System-Wide Normalization of Payment Acceptance** With 73.5% of providers accepting payments, the organization faces a culture where industry financial relationships have become normalized. This widespread acceptance creates peer effects that may encourage additional providers to establish payment relationships.

Legal and Regulatory Exposure Analysis

Federal Anti-Kickback Statute Implications The extreme correlations between payments and prescribing, particularly the 401x increase for Krystexxa, raise questions about whether financial relationships have crossed from legitimate consulting to inappropriate inducements. The efficiency of influence (ROI exceeding 20,000x for minimal payments) suggests that even small payments may function as kickbacks if they induce prescribing behavior.

False Claims Act Vulnerability Payment-influenced prescribing that results in medically unnecessary utilization could expose the organization to False Claims Act liability. The systematic nature of the influence patterns, affecting 73.5% of providers, could potentially support allegations of organizational knowledge or reckless disregard.

Stark Law Considerations While primarily applicable to physician self-referral, the extensive financial relationships documented may trigger Stark Law scrutiny for any providers who refer patients for designated health services. The compensation arrangements totaling $86.9 million require careful analysis for potential Stark violations.

State Law and Professional Standards Many states have enacted legislation limiting pharmaceutical industry interactions with providers. The patterns identified may violate state-specific requirements for disclosure, limiting meal values, or restricting certain payment types. Professional medical societies have also established guidelines that the observed payment patterns may contravene.

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8. Critical Observations and Systemic Issues

The Architecture of Influence: Understanding Systematic Patterns

The data reveals an sophisticated influence architecture that operates through multiple reinforcing mechanisms. The combination of broad participation (73.5% of providers), extreme efficiency (ROI exceeding 20,000x), and temporal persistence (2,342 providers with sustained relationships) suggests that influence has become embedded within the organizational fabric rather than remaining confined to individual provider decisions.

Key Systemic Observations

1. The Normalization Paradox The widespread acceptance of industry payments has created an environment where financial relationships are perceived as normal professional activities rather than potential sources of bias. This normalization effect is self-reinforcing: as more providers accept payments, the social

proof mechanism encourages additional participation, creating a cascade effect that has captured nearly three-quarters of the provider workforce.

2. The Efficiency Anomaly The extreme ROI figures, particularly the 23,218x return on sub-$100 payments, suggest that current understanding of influence mechanisms may be fundamentally incomplete. Traditional models of pharmaceutical marketing assume diminishing returns with decreased investment, yet our findings show the opposite: the smallest investments generate the largest behavioral changes. This inverse relationship indicates that influence operates through psychological rather than economic mechanisms.

3. The Supervision Gap The differential vulnerability analysis reveals unexpected patterns, with physicians showing 159.2% prescribing increases with payments, compared to 113.3% for NPs and 99.1% for PAs. This reversal of expected vulnerability hierarchies suggests that seniority and training duration do not protect against industry influence—in fact, physicians appear most susceptible. This gap is particularly concerning given the expanding scope of practice for mid-level providers and their increasing role in primary care delivery.

4. The Temporal Amplification Effect The progressive increase in prescribing volume correlated with payment duration (from 1.51x for single-year recipients to 8.95x for five-year recipients) demonstrates that influence compounds over time. This temporal amplification suggests that early intervention may be critical, as established payment relationships appear increasingly difficult to moderate.

5. The Therapeutic Class Concentration The concentration of extreme influence in high-cost specialty medications (Krystexxa at 401x, Enbrel at 197x) indicates strategic targeting of therapeutic areas with high profit margins and limited therapeutic alternatives. This pattern suggests that influence efforts are carefully calibrated to maximize financial returns in areas where prescriber discretion is highest.

Organizational Implications

These patterns present challenges that extend beyond individual compliance to fundamental questions about clinical independence and organizational integrity. The pervasiveness of payment relationships has created a situation where the majority of clinical decisions may be subject to some degree of industry influence, potentially affecting treatment pathways for hundreds of thousands of patients.

The extreme efficiency of influence, particularly through minimal payments, suggests that traditional compliance approaches focusing on large payments or obvious conflicts of interest may be inadequate. The ability to generate massive behavioral change through lunch meetings and modest honoraria indicates that influence operates below the threshold of conscious awareness, making it particularly resistant to traditional educational interventions.

The sustained nature of payment relationships, with over 2,300 providers receiving consecutive annual payments, indicates that influence has become institutionalized rather than episodic. These entrenched relationships may create resistance to reform efforts and could potentially influence organizational culture and clinical guidelines development.

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9. Conclusion: The Scope and Scale of Industry Influence

This comprehensive analysis of payment and prescribing patterns within Corewell Health reveals a system where industry influence has achieved unprecedented scope, scale, and efficiency. The findings transcend typical concerns about pharmaceutical marketing to reveal fundamental questions about clinical independence, decision-making integrity, and the role of financial relationships in modern healthcare delivery.

The documentation of 401-fold prescribing increases associated with payments, 23,218x returns on minimal investments, and the capture of 73.5% of the provider workforce represents influence patterns that exceed previously documented parameters by orders of magnitude. These findings suggest that the relationship between industry and providers at Corewell Health has evolved beyond traditional marketing to represent a more fundamental integration of commercial and clinical interests.

The differential vulnerability of provider types, with Physicians showing 159.2% prescribing increases, Nurse Practitioners 113.3%, and Physician Assistants 99.1% when receiving payments, reveals that seniority and training do not protect against influence—in fact, physicians show the highest vulnerability. The temporal analysis showing progressive influence amplification over consecutive years indicates that these relationships, once established, become increasingly difficult to moderate or terminate.

Perhaps most concerning is the discovery that minimal payments generate maximum influence, suggesting that providers may be unaware of the behavioral changes induced by seemingly insignificant financial relationships. This unconscious influence, operating below the threshold of awareness, presents particular challenges for remediation efforts that rely on provider education or voluntary disclosure.

The patterns documented in this analysis indicate that industry influence at Corewell Health operates as a complex, multi-dimensional system rather than a collection of individual relationships. The combination of broad participation, extreme efficiency, temporal persistence, and strategic targeting has created an influence architecture that shapes clinical decision-making at scale. These findings suggest that addressing industry influence will require systematic rather than incremental approaches, with careful attention to the psychological, social, and economic mechanisms through which influence operates.

The implications extend beyond Corewell Health to raise questions about the sustainability of current models of healthcare delivery that permit extensive financial relationships between industry and providers. As healthcare systems nationwide grapple with rising costs, questions of clinical appropriateness, and public trust, the patterns documented here provide critical insights into the mechanisms through which commercial interests may be shaping clinical care in ways that warrant careful scrutiny and potential systematic reform.

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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