Table S4: Estimated Hospital Level Usage Rate of Two or More Non-Opioid Analgesics Based on Mixed-Effects Models with Increasing Levels of Adjustment for Patient and Hospital-Level Factors

			Multimodal Therapy Usage Rate (%)		
Models	**β_0 (SE)[a]**	**σ^2 (SE)[b]**	**Average Hospital[c]**	**2.5 Percentile[d]**	**97.5 Percentile**
Unadjusted	0.043 (0.070)	1.54 (0.13)	51.07	8.38	92.26
Adjusted for:					
Surgery Type	0.098 (0.072)	1.63 (0.14)	52.44	8.29	93.07
Surgery Type, Demographics, Year of Hospitalization	0.089 (0.073)	1.65 (0.14)	52.21	8.09	93.13
Surgery Type, Demographics, Year of Hospitalization, Medical Co-Morbidities	0.088 (0.073)	1.65 (0.14)	52.21	8.09	93.13
Surgery Type, Demographics, Year of Hospitalization, Medical Comorbidities, Pain Related Conditions, Psychiatric Comorbidities, Medication Usage	0.092 (0.072)	1.61 (0.14)	52.30	8.34	92.97
Surgery Type, Demographics, Year of Hospitalization, Medical Comorbidities, Pain Related Conditions, Psychiatric Comorbidities, Medication Usage and Hospital Characteristics	0.17 (0.071)	1.56 (0.13)	54.24	9.28	93.21

[a] β_0 is the marginal (averaged across hospitals) odds of using multimodal therapy for a patient with the mean propensity score

[b]Estimate of the between-hospital variation. The random intercept b_j for each hospital is assumed to be normally distributed with mean 0 and variance σ^2. σ^2 represents the hospital-specific deviation from β_0. With increasing levels of adjustment, there is less unexplained variation and σ_b^2 is expected to decrease.

[c]Prescribing proportion for the "average" patient, defined as a patient with a mean propensity score. The average differs slightly between models since different factors are being adjusted for in the various models; it is estimated as $\exp(\beta_0)/[1 + \exp(\beta_0)]$.

[d]Range determined from observed predicted values