

Thomas McGinn, MD, MPH



Professor & Chair of Medicine

**Sr. VP & Executive Director
Medicine Service Line**

**Hofstra North Shore LIJ SOM & Health
System**

Dr. McGinn is the David J. Greene Professor of Medicine at Hofstra North Shore - LIJ School of Medicine, Chair of the Department of Medicine at the North Shore-LIJ Health System, and Senior Vice President and Executive Director of the Medicine Service Line. He is the former Chief, Division of General Internal Medicine, Mount Sinai School of Medicine. During his 13-year tenure at Mount Sinai, he established collaborations with the Department of Health Policy and Population Health that focused on health disparities, improving health for underserved inner-city populations for hepatitis C treatment, cancer screening, and health literacy. From 2000 – 2003, he served first as co-PI on a project funded by AHRQ focused on creating a formal plan for a Practice-Based Research Network comprising hospital or school-sponsored primary care practices and community-based practices. He later served as PI on a related project supporting the East Harlem Practice-Based Research Networks (PBRN). He is a former President of the Association of Chiefs and Leaders of General Internal Medicine (2010).

Since joining North Shore – LIJ, Dr. McGinn has continued the spirit of community, public health and health service research. He has again built a core team of patient-centered researchers, while continuing his own research projects in health IT. Dr. McGinn was an early researcher investigating the health benefits of preventive care and patient empowerment, well before the ACA institutionalized these principles. He has received federal, state and foundation support for well over 10 years for such projects.

Dr. McGinn first started his career in deriving and validating clinical prediction rules to stratify patient risk of disease and thereby reduce unnecessary care for patients, reducing unnecessary spending, and unintended side effects of unnecessary care. He is known nationally and internationally for his pioneering research and teaching in evidence-based medicine (EBM) and clinical prediction rules (CPRs), and serves in leadership roles in the major forums for continuing research and dissemination of these disciplines.

Understanding that changes in care are only possible if clinical prediction rules are utilized at the point of care, Dr. McGinn's research has now turned to implementation science as it applies to health IT. His recent federal grants have used the electronic medical records as a vehicle to implement CPRs at the point of care. His AHRQ research grant, "Evidence-Based Decision-Making: Integrating Clinical Prediction Rules into Electronic Medical Records (EMR)" sought to implement clinical prediction rules into Mount Sinai's EMR and had a 60% adoption rate and impacted antibiotic orders for strep and pneumonia. His current grant examines how usability testing can improve implementation and adoption of other clinical prediction rules.

Over his more than twenty years in academic medicine, Dr. McGinn has conducted research, taught, and published on many matters related to evidence-based medicine as it applies to community health.

Recent Publications:

[Measures of User experience in a Streptococcal pharyngitis and Pneumonia Clinical Decision Support Tools.](#)

[Longitudinal adoption rates of complex decision support tools in primary care.](#)

[Efficacy of an evidence-based clinical decision support in primary care practices: a randomized clinical trial.](#)

[Implementation of culturally targeted patient navigation system for screening colonoscopy in a direct referral system.](#)

[Deciding whether to screen for abusive head trauma: Do we need a clinical decision rule?](#)

Recent Grants:

PI: NIAID (R01) Integrated Clinical Prediction Rules: Bringing evidence to diverse primary care settings (4/14-4/19)

PI: AHRQ (1R24HS02206-01) Spread the Word: Integrating Clinical Prediction Rules at the Point of Care

Consultant: PCORI Using the Electronic Medical Record to Improve Outcomes and Decrease Disparities in Screening for Child Physical Abuse