



**National Academies of Practice Position Paper:
Interprofessional Collaboration
April 26, 2022**

Background

The National Academies of Practice (NAP), founded in 1981, is an interprofessional non-profit organization dedicated to affordable, accessible, and coordinated quality healthcare for all. Members consist of distinguished healthcare professionals (Allopathic and Osteopathic Medicine, Athletic Training, Audiology, Dentistry, Nursing, Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Podiatry, Psychology, Social Work, Speech-Language Pathology, Veterinary Medicine) and other disciplines, who together, exemplify and advance interprofessional collaborative healthcare by advocating for better and more cost-effective health and preventive care that addresses the whole person and promotes and preserves health and well-being in the best interest of individuals, families, and communities. In addition, NAP passionately believes that close collaboration and coordination of different healthcare professions and disciplines, aligned through a common vision, can advocate for patients and model excellence in interprofessional and preventive care. Optimal healthcare is patient-centered and provided in ways that are respectful of, and responsive to, individual preferences, needs and values, ensuring that those receiving care, or their advocates, participate in the decision making (NAP Lexicon, 2020; Picker Institute, 2015). As an interprofessional organization, we support and target initiatives designed to maximize our interprofessional interconnections to advance patient-centered public policies, scholarship, and interprofessional collaborative care. NAP values and promotes the contributions of our diverse constituent members and foster connections within and between academies and among members of all groups. We recognize that our collective wisdom, interconnected experiences, education, patient-centered focus, inclusive and diverse perspectives will take us further together than individually.

Understanding the critical concepts of interprofessional collaborative practice (IPCP), interprofessional education (IPE), and the Quintuple Aim are essential to the work of NAP and its members. "IPCP occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients/clients, their carers, and communities" (WHO, 2010, NAP Lexicon, 2020). "IPE occurs when members or students, residents, and health workers of two or more professions learn with, from, and about each other to improve collaboration, and the quality of care and services" (WHO, 2010, NAP Lexicon, 2020).

The Quintuple Aim incorporates the foundational concepts of the Triple Aim; improved population health, improved patient experience, and reduced per capita costs of healthcare (Berwick et al., 2008) with the important addition of clinician well-being and health equity (Coleman et al., 2016; Itchhaporia, 2021). Clinician well-being was adopted first as it was felt that it would be impossible to achieve the Triple Aim without addressing the significant issue of provider burnout (Bodenheimer & Sinsky, 2014). Health equity has been accepted as the fifth aim as it has been argued that the Triple Aim is unachievable without first addressing health equity as many of the failures associated with the Triple Aim are concentrated where inequities are the greatest (Mate, 2022; Nundy et al., 2022). The principle of health equity is one of social justice as it is a vow to eliminate the social determinants that create disparities in health (Braveman, 2014; National Academies of Science, Engineering, and Medicine, 2019a). Social determinants of health (SDOH) are the conditions in which people live, learn, work, and

play that affect health and quality-of-life (Centers for Disease Control and Prevention, 2021) and contribute to health disparities that often disproportionately affect historically disadvantaged groups of individuals. Covid-19 has definitely highlighted the lack of health equity and the need to be more in tune and aware of health disparities as an ongoing issue to combat (Nundy et al., 2022; National Academies of Science, Engineering, and Medicine, 2019b).

Through improved communication, IPE reduces redundancy of care and unnecessary care, thereby decreasing cost of care (Birk, 2017). The diversity of thinking within IPCP and IPE supports the principle of health equity as evidenced by the inclusion of fourteen health-related professions in NAP that span generations, education, expertise, historical context, geography, and culture. This diversity of thinking affords diversity of choice and care options that provide higher quality care (Birk, 2017). Inherent in this diversity of thought is a better understanding and healthcare team representation of positionality, of how one's different social identities influence beliefs and behavior and how they are related and intersect within hierarchies of power (Altman et al., 2020).

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Therefore, NAP believes that advocacy for and advancement of IPCP, IPE, and the Quintuple Aim are critical for health professionals, patients, families, and communities through collaborative communication, care planning and coordination, health promotion, prevention, education, and practice. NAP practices what it espouses as evidenced by its four core values of collaboration, patient-centeredness, inclusivity, and interconnectedness. NAP fosters a work ethic of interprofessional collaboration that is based upon learning with, from, and about NAP members of all academies (WHO, 2010, NAP Lexicon, 2020).

This Position Paper will be reviewed annually to ensure its currency and accuracy.

References

Altman MR, Kantrowitz-Gordon I, Moise E, Malcolm K, Vidaković M, Barrington, W, O'Connor MR, de Castro AB. Addressing Positionality Within Case-Based Learning to Mitigate Systemic Racism in Health Care, *Nurse Educator*. 2021; 46(5):284-289. doi: 10.1097/NNE.0000000000000937

Berwick DM, Nolan TW, & Whittington J. (2008). The Triple Aim: Care, Health, and Cost. *Health Affairs*, 2008; 27(3):759-769. doi: 10.1377/hlthaff .27.3.759

Birk TJ. Principles for developing an interprofessional education curriculum in a healthcare program. *Journal of Healthcare Communications*. 2017; 2(1): 9. doi: 10.4172/2472-1654.100049

Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573-576. doi:10.1370/afm.1713

Braveman P. What are health disparities and health equity? We need to be clear. *Public Health Reports*. 2014; 129(2):5-8. <https://pubmed.ncbi.nlm.nih.gov/24385658>

Centers for Disease Control and Prevention. Social determinants of health: Know what affects health. May 6, 2021. <https://www.cdc.gov/socialdeterminants/index.htm>

Coleman K, Wagner E, Schaefer J, Reid R, LeRoy L. Redefining Primary Care for the 21st Century. White Paper. (Prepared by Abt Associates, in partnership with the MacColl Center for Health Care Innovation and Bailit Health Purchasing, Cambridge, MA under Contract No.290-2010-00004-I/ 290-32009-T.) AHRQ Publication No. 16(17)-0022-EF. Rockville, MD: Agency for Healthcare Research and Quality; October 2016. Retrieved from

https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/primary-care/workforce-financing/white_paper.pdf

Itchhaporia D. The evolution of the quintuple aim: Health equity, health outcomes, and the economy. *Journal of the American College of Cardiology*. 2021; 78(22):2262-2264. doi: 10.1016/j.jacc.2021.10.018

Mate K. On the Quintuple Aim: Why Expand Beyond the Triple Aim? February 4, 2022. Retrieved from <http://www.ihl.org/communities/blogs/on-the-quintuple-aim-why-expand-beyond-the-triple-aim>

Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement; A New Imperative to Advance Health Equity. *Journal of American Medical Association*. 2002; 327(6):521-522.

NAP Lexicon, National Academies of Practice. Approved by Council at Fall Leadership Meeting. September 13, 2020. <https://nap.memberclicks.net/assets/docs/NAP%20Lexicon%20-%20Approved%20by%20Council%20FINAL%2011.10.2020.pdf>

National Academies of Sciences, Engineering, and Medicine. Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health. Washington, DC: The National Academies Press. 2019a. <https://doi.org/10.17226/25467>.

National Academies of Sciences, Engineering, and Medicine. Strengthening the Connection Between Health Professions Education and Practice: Proceedings of a Joint Workshop. Washington, DC: The National Academies Press. 2019b. <https://doi.org/10.17226/25407>.

Picker Institute. Picker institute's eight principles of patient-centered care. National Center for Interprofessional Practice and Education. 2015. Retrieved June 22, 2020, from <https://nexusipe.org/informing/resource-center/pickerinstitute%E2%80%99s-eightprinciples-patient-centered-care>

World Health Organization. Framework for action on interprofessional education & collaborative practice. 2010. https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HP_N_10.3_eng.pdf

Suggested citation: National Academies of Practice. National Academies of Practice Position Paper: Interprofessional Collaboration. Lexington, KY: April 26, 2022. Available in: [NAP Position Paper on IPE IPCP - published 4.26.22.pdf \(memberclicks.net\)](#)

Approved by NAP Council April 26, 2022