



National Academies of Practice Position Statement: Importance of Evidence in Interprofessional Healthcare

Introduction

The National Academies of Practice (NAP), a non-profit organization founded in 1981, advises governmental bodies on policies and practices to improve the U.S. healthcare delivery system. NAP membership is comprised of practitioners, scholars, and public policy members elected by their peers. NAP includes multiple health professions academies: Athletic Training, Audiology, Nursing, Nutrition and Dietetics, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physical Therapy, Physician, Podiatric Medicine, Psychology, Public Health, Respiratory Care, Social Work, Speech-Language Pathology, and Veterinary Medicine.

In support of its mission and core values—**collaboration, patient-centeredness, inclusivity, and interconnectedness**—NAP affirms the essential role of evidence in guiding interprofessional healthcare practice, education, policy, and research.

NAP defines **evidence-based practice** as “the integration of professional/clinical expertise, patient/client values, and the best research evidence into the decision-making process for patient/client-centered care” based upon “professionally and/or clinically relevant research that has been conducted using sound methodology” (NAP Lexicon 3.0 Taskforce, 2024, p. 9).

Position Statement

NAP asserts that the generation, integration, and application of **evidence** are foundational to achieving optimal outcomes in **interprofessional healthcare**. Evidence-based interprofessional practice ensures that patients, families, communities, and populations benefit from coordinated, informed, and respectful care that draws upon the best available science and the diverse expertise of healthcare teams.

Supporting Principles

1. Collaboration

Evidence informs the adoption of a common vocabulary that fosters mutual understanding, shared decision-making, and trust among diverse professionals. Evidence-based approaches empower teams to co-create care plans that reflect the strengths of each discipline and support high-functioning collaboration.

2. **Patient-Centeredness**

The application of evidence must be informed by patients' values, needs, and lived experiences. Interprofessional teams that integrate clinical expertise with patient-reported outcomes and real-world data can deliver care that is more responsive, respectful, and personalized.

3. **Inclusivity**

Advancing health equity requires evidence that reflects diverse populations, respects multiple ways of knowing, and incorporates traditionally underrepresented voices in healthcare research and decision-making. NAP supports inclusive research practices and evidence that centers marginalized communities.

4. **Interconnectedness**

Complex health challenges demand systems thinking and a holistic understanding of the social, behavioral, and biomedical factors that influence health. Interprofessional teams can synthesize evidence across domains, disciplines, and settings, promoting a more connected and integrated approach to care.

To advance its values and mission, NAP encourages its members, partners, and stakeholders to champion the use of rigorous, inclusive, and contextually relevant evidence to:

- Engage in and support interprofessional collaborative practice.
- Participate in and support interprofessional research and quality improvement initiatives.
- Advocate for policies and funding that promote evidence-informed collaboration across health and social care sectors.
- Foster interprofessional education that emphasizes critical appraisal, evidence-based practice, and implementation science.
- Co-create evidence-informed solutions with people, families, communities, and populations through equitable, trusting relationships that promote health and well-being.

Conclusion

NAP views evidence as not only a tool for improving outcomes, but as a catalyst for professional unity, system transformation, and compassionate care. By embracing evidence as a shared commitment, the interprofessional community represented within the National Academies of Practice can lead the way toward a more just, person-centered, and effective healthcare system.

References

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet*, 389(10077), 1453–1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)

Barry, M. J., & Edgman-Levitan, S. (2012). Shared decision making—Pinnacle of patient-centered care. *New England Journal of Medicine*, 366(9), 780–781. <https://doi.org/10.1056/NEJMp1109283>

Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, 12(6), 573–576.

<https://doi.org/10.1370/afm.1713>

Epstein, R. M., & Street, R. L., Jr. (2011). The values and value of patient-centered care. *Annals of Family Medicine*, 9(2), 100–103. <https://doi.org/10.1370/afm.1239>

Greenhalgh, T., & Papoutsi, C. (2018). Studying complexity in health services research: Desperately seeking an overdue paradigm shift. *BMC Medicine*, 16(1), 95.

<https://doi.org/10.1186/s12916-018-1089-4>

Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. National Academies Press. <https://doi.org/10.17226/10027>

Institute of Medicine. (2015). *Measuring the impact of interprofessional education on collaborative practice and patient outcomes*. National Academies Press.

<https://doi.org/10.17226/21726>

NAP Lexicon 3.0 Task Force. *National Academies of Practice Lexicon 3.0*. NAP. 2024:1-33.

National Academies of Practice. (n.d.). *Mission, vision, and core values*.

<https://www.nappractice.org/mission-vision-values>

World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice*. <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>

Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 2009(3), CD000072.

<https://doi.org/10.1002/14651858.CD000072.pub2>

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