

Strategic Plan

2016 - 2019



Sunnybrook

FREDERICK W. THOMPSON
ANXIETY DISORDERS CENTRE



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A message from the Head of the Frederick W. Thompson Anxiety Disorders Centre



Through the generous donation by Mr. Frederick W. Thompson, the Frederick W. Thompson Anxiety Disorders Centre opened its doors in 2013 with the goal of making a difference in the lives of those suffering from Obsessive-Compulsive Disorder (OCD) and related disorders (OCRDs). Before we opened, there was no centre in Toronto with specific expertise for individuals dealing with OCRDs, and very few health care providers in the city with knowledge and skills to treat this population, particularly the specialized cognitive-behavioural therapy (CBT) required. Thus, our goal at the time of launch was to provide evidence-based specialized care to the largest number of people possible.

We have now grown our original team of two to a team of twenty. Nonetheless, demand for our service continues to rise dramatically and outpace our clinical capacity; it is evident that our previous model has become unsustainable. Given our determination to meet the needs of our community and ensure that individuals with this long-neglected group of disorders receive evidence-based care, a new approach is required.

Moving forward, we will develop a new model adopting several integrated approaches. This will allow us to provide direct care to those most ill while also addressing the lack of services across the city for individuals with this spectrum of disorders. We will focus our resources for direct care provision on those with more severe illness who currently have no options for services meeting their needs in Canada. In addition, we will develop new initiatives to build knowledge and skills in the community and we will nurture partnerships so that evidence-based care can be offered at more sites across the city, in tandem with our ongoing program of dissemination of knowledge about OCRDs to the health care community broadly.

We believe that the strategic plan based on these approaches, and outlined below, will enable us to become sustainable, thus ensuring service availability to individuals across this entire range of disorders and at various levels of severity to access care in the GTA and beyond.

A handwritten signature in dark ink, appearing to read 'Peggy Richter', written in a cursive style.

Dr. Peggy Richter
Head, Frederick W. Thompson Anxiety Disorders Centre
Sunnybrook Health Sciences Centre

Summary



To ensure that the needs of those with Obsessive-Compulsive and Related Disorders (OCDs) are addressed into the future a fundamental strategic shift in the Frederick W. Thompson Anxiety Disorders Centre program is required. The increasing demand of over 450 referrals a year outstripping our clinical capacity, and the time-limited nature of the Thompson gift have led to an urgent “call to action” to address these issues.

Our 2016-2019 strategic priorities are to hone our focus clinically to directly target the needs of those with significantly impairing OCD, and to build capacity for the specialized care needed in our community for those with milder OCD and related disorders. This will be accompanied by an enhancement of our research into mechanisms of vulnerability and developing novel treatment for these illnesses. Through these shifts we will also address our ultimate priority, which is to work towards long-term financial sustainability for our Centre. The details of this plan are laid out below in “Our Strategic Plan at a Glance”.



Our Strategic Plan at a Glance

Overview

Table 1: An overview of our three priority areas, and their associated strategic goals and objectives for 2016-2019.

	Strategic Priority Areas	Goals 2016 - 2019	Objectives 2016 - 2019
Clinical Care	Provide the intensive and specialized comprehensive care required by those with significantly impairing OCD	<p>1.1 We will be the provider of timely multi-disciplinary episodic care for people with significantly impairing OCD who reside in the GTA.</p> <p>1.2 We will provide a consultation service for those with significantly impairing OCD and related disorders across Canada.</p> <p>1.3 We will continuously improve our services by implementing innovative models of care and emerging biological treatments</p>	<p>a. To develop and implement a program of intensive outpatient cognitive-behavioral therapy (CBT) for those with more severe illness</p> <p>b. To streamline the triage and intake of referrals</p> <p>c. To develop collaborative relationships with community care providers to effectively transition care and facilitate discharge planning</p> <p>d. To refine our existing consultation service to provide consultation services for those with significantly impairing OCD and related disorders across Ontario and Canada</p> <p>e. To explore and implement innovative models of care</p> <p>f. To increase delivery of emerging biological treatments</p>
Education	Support those affected by mild to moderate OCD and related disorders by training and supporting networks of healthcare providers to provide first-line evidence-based care in the community	<p>2.1 We will build, train and provide ongoing clinical support to a network of health care providers in the community</p> <p>2.2 We will provide specialized training and education for mental health professionals about OCRDs</p>	<p>a. To cultivate, train and support partners in the GTA to provide evidence-based first-line care (CBT and/or psychopharmacology), for mild OCD and related disorders</p> <p>b. To disseminate knowledge about OCRDs to health care providers, patients and their families</p> <p>c. To develop and provide more specialized intensive training opportunities for skills transfer to mental health professionals, thereby building the next generation of clinicians</p> <p>d. To increase expertise of novel biological therapies</p>
Research	Enhance our broad program of research by increasing focus on novel biopsychosocial mechanisms of vulnerability and treatment which promise potentially better outcomes for those with significantly impairing OCD	<p>3.1 We will continue to conduct novel and impactful research into causes and treatments of OCD and related disorders, with an enhanced focus on innovative biological approaches</p>	<p>a. To expand on our research identifying biological, psychological and social markers of vulnerability to illness</p> <p>b. To develop and research novel mechanisms of action and potential treatments</p> <p>c. To explore neuromodulatory approaches and image-guided therapeutics</p>

Achieving Sustainability

Providing significantly impaired individuals with evidence-based care resulting in a reduction in health care costs for the health care system.

Investing our resources to train and support networks of healthcare providers to provide first-line evidence-based care in the community for mild to moderate OCD, thereby creating an acceptable wait time for our services and attracting future funders such as the LHIN.

Increasing our focus on novel biological therapies thus generating new project-based funding, further raising our profile in the international OCD community, and attracting the best and brightest to our centre for training and education.



Our Ultimate
Priority

Goals
2016-2019

Objectives
2016-2019

Sustainability

Demonstrate economic health care savings and become financially sustainable.

4.1 A significant proportion of our clinical services will have sustainable funding

- a. To develop comprehensive business cases targeting potentially sustainable funding sources such as LHIN, MOHLTC and private philanthropy
- b. To become a recognized partner of services for OCRDs by funders

The Need for Change

In 2013, with release of the DSM IV, obsessive-compulsive disorder (OCD), hoarding disorder, trichotillomania (hair-pulling disorder), excoriation (skin-picking) disorder, and body dysmorphic disorder garnered formal recognition as a group of disorders termed OCD and related disorders (OCRDs)¹. These disorders are quite common; OCD affects 2.5% of people over their lifetime, and the other disorders each have prevalence rates of 1-2%, such that collectively 7-10% of the population will develop one or more of these conditions across the life span². Of these conditions, OCD is best recognized as a severe psychiatric illness that is typically chronic in nature and causes substantial functional impairment, resulting in its inclusion as one of the 10 leading causes of disability worldwide by the World Health Organization³. Converting from U.S. figures and dollars, the total cost of health care for these individuals, including the direct cost of treatment and indirect costs to society in lost productivity and earnings can be estimated at more than one billion dollars annually in Canada⁴. There is good evidence for both pharmacotherapy and cognitive-behavioural therapy (CBT) as effective first-line treatments⁵, however, numerous barriers currently impact individuals' likelihood of receiving these treatments, including failure to be correctly diagnosed, and difficulty accessing knowledgeable care providers, particularly with skills in CBT⁶.

When the Thompson Centre first opened in 2013, our original goal was to provide access to evidence-based care to as many people with OCRDs as possible, particularly specialized CBT which was not available at all in the city of Toronto for the related disorders. To accomplish this, we prioritized more cost-effective delivery of care models including the offering of group-based CBT which permits treatment of three times the number of patients as compared to individual-based CBT. For individuals with milder forms of the illness, offering this first-line psychological treatment for OCRDs in group formats is generally as effective as in individual

- 1 Diagnostic and Statistical Manual – 5, American Psychiatric Association, 2013. Prior to DSM-5, hoarding disorder and excoriation disorder were not formally recognized as diagnoses.
- 2 Ravindran, A.V., da Silva, T., Randran, L.N., Richter, M.A. and Rector, N.A. Obsessive-Compulsive Spectrum Disorders: A Review of the Evidence-Based Treatments. *Canadian Journal of Psychiatry*. 2009; 54(5):331-343.
- 3 Brundtland, G. H. Mental Health in the 21st Century. *Bulletin of the World Health Organization*. 2000;78(4):411.
- 4 DuPont, R.L., Rice, D.P., Shiraki, S., Rowland, C.R. Economic Costs of Obsessive-Compulsive Disorder. *Medical Interface*. 1995;8(4):102-109.
- 5 Fineberg, N.A., Reghunandanan, S., Simpson, H.B., Phillips, K.A., Richter, M.A., Matthews, K., Stein, D.J., Sareen, J., Brown, A., Sookman, D. Obsessive-compulsive disorder: Practical strategies for pharmacological and somatic treatment in adults. *Psychiatry Research*. 2015;227(1):114-25.
- 6 Issakidis et al. Modelling the population cost-effectiveness of current and evidence-based optimal treatment for anxiety disorders. *Psychological Medicine*, 2004, 34:19-35.



formats. However, given our ever-increasing number of referrals each year outstripping our capacity, we must look to the future and focus on how best to use our resources to more fully meet the needs of this community, while addressing the time-limited nature of our founding gift.

This document was developed in response to this need. It represents the outcome of a comprehensive and methodical strategic planning journey over the past eight months. Input was obtained from direct interviews of key opinion leaders, and through surveys of community partners and clients, as well as through focus groups with staff and the Thompson Centre's Patient and Family-Centred Care Committee. For further details regarding our process, please see the Appendix.

In summary, the key drivers for the development of this strategic plan are:

A Growing Clinical Demand, and an Unserved Community

With a mounting one-year waitlist, it is obvious that the demand for clinical care for those with OCRDs far exceeds our capacity to deliver. There are some limited services for those with milder forms of the condition across the GTA, in the form of consultation and first-line drug therapy, but virtually no specialized CBT. For those who are more significantly impaired there is nowhere to go in Toronto, or indeed Canada, for the specialized care required. This significantly ill population is currently unserved. It is also difficult for individuals to navigate Ontario's fragmented health care system in order to locate and access existing resources. To improve the patient experience and clinical outcomes for individuals with OCRDs, it is critical that appropriate care be available in a timely fashion, and ideally within the community where they live. As such, we need to help create a cohesive health care system in which appropriate specialized care is available to individuals with OCRDs, and matched to the severity of illness. Within such a system, our expertise could be utilized where most needed, rather than being seen as the sole provider of care to all affected by this group of disorders.

Leveraging New Funding

While Mr. Thompson's founding donation was substantial, without long-term funding alternatives the Thompson Centre is unlikely to be able to continue to operate beyond the mandate of our founding gift. Looking to the future, as with most similar specialized academic centres, a mixed funding model will be required to sustain our clinical, educational and research mandates. Such a model incorporating different sources of funding, including government, philanthropic and project-based funding, will give us the flexibility to adapt to changing needs.



Our Vision, Mission, and Values

Our Vision

Individuals with Obsessive-Compulsive and Related Disorders have access to state of the art care, allowing them to lead meaningful lives and achieve their full potential.

Our Mission

We are innovators in research, education and clinical care of Obsessive-Compulsive and Related Disorders, disseminating knowledge of these conditions to the broader community.

Our Positioning Statement

As an internationally renowned centre for OCD and related disorders:

- a. We provide the comprehensive specialized care required by those with significantly impairing OCD, while enhancing community capacity for those with mild to moderate illness.
- b. We conduct novel and impactful research across the spectrum of OCRDs
- c. We disseminate new knowledge and provide intensive training on OCRDs to build the next generation of care providers.

Our Values

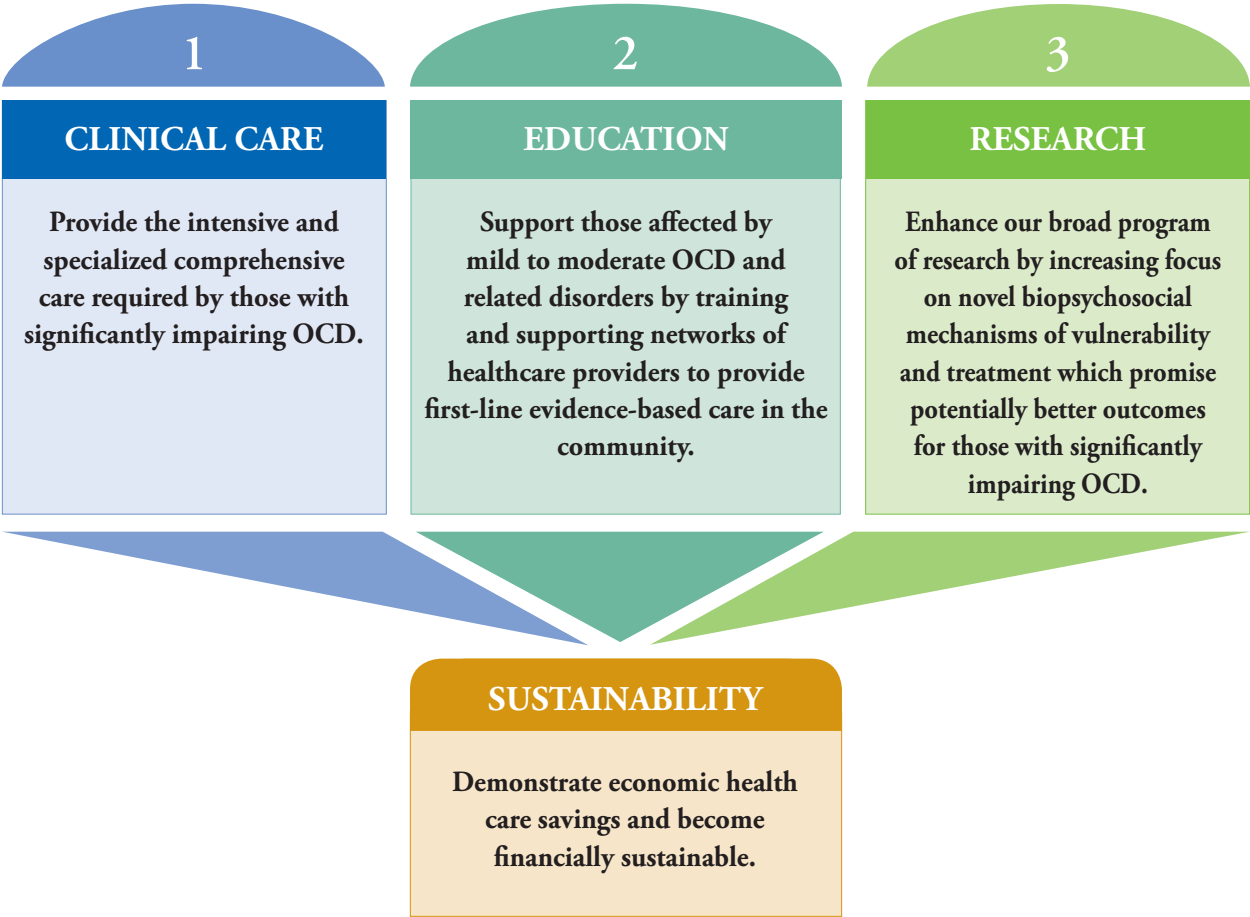
- Excellence:* We will demonstrate excellence in our integrated and comprehensive approach to clinical care, research, and education.
- Partnerships:* We will develop new and nurture existing partnerships with community organizations and institutions.
- Respect:* We value and respect each individual with regard to their perspectives, knowledge, experience, and traditions. By demonstrating respect we will reduce stigma and discrimination and promote acceptance in the broader community
- Patient Centred Care:* Our patients, their families and the community at large will be integral in how we identify and narrow the clinical and educational gaps for those with OCD and related disorders.
- Innovation:* We will embrace and research new ideas and advances in knowledge to transform and improve clinical care and education.



Our Strategy

Our initial transformative gift from Mr. Frederick W. Thompson has enabled us to establish a new major centre devoted to improving the lives of those with OCD and related disorders. We now need to leverage the remaining seven years of this gift to develop sustainable and stable long-term funding to allow our centre to meet the needs of individuals with these disorders into the future. We will do this through our new strategic priorities aligned with our clinical, education, and research mandates, and positioning ourselves as a key player in our larger community in developing a more cohesive approach to health care for individuals with this previously neglected group of disorders.

Our triple-pronged strategy is:



From a clinical perspective, we will focus our expertise on the development of a specialized comprehensive model of care needed to effectively treat those with severe OCD. This group of individuals require a far more intensive treatment approach than we have provided until now; this is not currently offered anywhere in Canada. As this group is most significantly impaired by their disorder, they incur the highest direct health care costs and indirect costs in terms of lost productivity. Thus providing effective treatment for this significantly impaired group will reduce costs to the larger health care system over time, supporting a compelling health economic argument for funding of our program by key government programs such as the Ministry of Health and Long-Term Care (MOHLTC). We will simultaneously address our corresponding reduction in care to those with mild to moderate illness with our new educational strategic priority, establishing ourselves as the centre of a network of partnered health care providers serving the needs of the more mildly ill OCDRD individuals in our community. By developing novel in-depth educational initiatives and mentoring community-based partners, we will be building capacity and ensuring evidence-based first-line treatment of OCDRDs is accessible to all while creating an acceptable wait time for our services. This will position us as a key partner working with our Local Health Integration Networks (LHINs) to develop a sustainable and quality system of care. In terms of our research, our strategic priority will be to extend our current broad program towards exploring novel biological therapies, which are much needed to improve outcomes for severe OCD. We will also conduct scholarly work on new models of care piloted by our team. These projects will in turn assist us with attracting project-driven funding, from research agencies as well as government sources and the philanthropic community. Overall, these initiatives will further raise our profile in the international OCD community and attract the best and brightest to our centre for training and education.



We will now expand on these three priorities below.

1. Clinical Care

Provide the intensive and specialized comprehensive care required by those with significantly impairing OCD.

We will focus our resources on those most in need, namely individuals with significantly impairing OCD. This group, based on severity of OCD alone, comprises 10% of people affected by this disorder. Another 10% of individuals with moderate illness are also significantly impaired as a result of co-morbidity and other factors, and/or are extremely treatment refractory and so require access to specialized care. Please see Table 2 for the range of severity of OCD.

Table 2: Range of OCD

Severity of OCD	Symptoms & Impairment Level
Mild OCD	Distressed but generally functioning with no/mild occupational and social impairment. Low intensity interventions are effective.
Moderate OCD	Symptoms are more numerous/distressing. Typically functioning is somewhat impaired. If working, productivity is reduced. Some are unable to function occupationally, and transition between work, short-term disability and onto long term disability at the higher end of this range. Low intensity interventions may be ineffective. More intensive treatment often required.
Severe OCD	Extremely distressed by symptoms. Generally not able to function occupationally, and even routine functioning (such as activities of daily life) is significantly impaired. High intensity interventions are needed.

This focus will substantially reduce the numbers of individuals to whom we provide direct care. This shift in the population we will serve is illustrated in Figure 1.

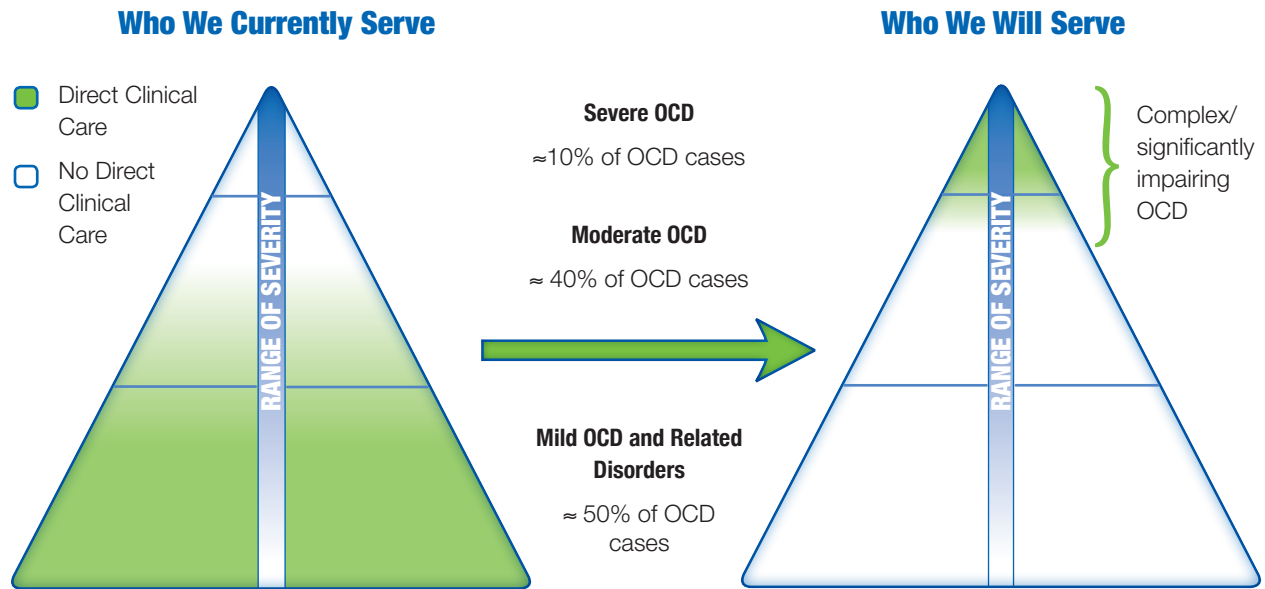


Figure 1

The green portion of the triangle to the left represents milder to moderate cases of OCD and related disorders that we are currently treating. While 10-20% of those referred to us have significantly impairing OCD, we have not had the intensive service offerings needed to treat them. The triangle to the right represents who we will serve by 2019. Our resources will be devoted to an increased volume of clients with significantly impairing moderate to severe OCD while those with milder OCD will generally not be treated at our Centre. Instead, we will train and support health care providers in the community to provide more evidence-based care to this population.

In tandem with this clinical shift, and to ensure those with mild to moderate OCD and related disorders also receive the care they need, we propose to develop partnerships with other sites and build their capacity to provide evidence-based care for this population. Working alongside the Local Health Integration Networks, our Centre is ideally situated to serve as the hub of a cohesive ‘OCRD Network’ of local health care providers, supporting them to ensure timely, sustainable and locally accessible care for those more mildly ill individuals. Over time, in combination with other interventions, we will therefore reduce the numbers of individuals accessing our clinical service to the 20% of those we currently see for consultation with significantly impairing

OCD, thereby leading to a markedly shorter wait time and enabling timely access to our services. We will also provide indirect support and care to the 80% with mild to moderate OCD and the related disorders in the community by establishing a network of partners. For additional details about our clinical impact refer to Figure 2.

Our Clinical Impact

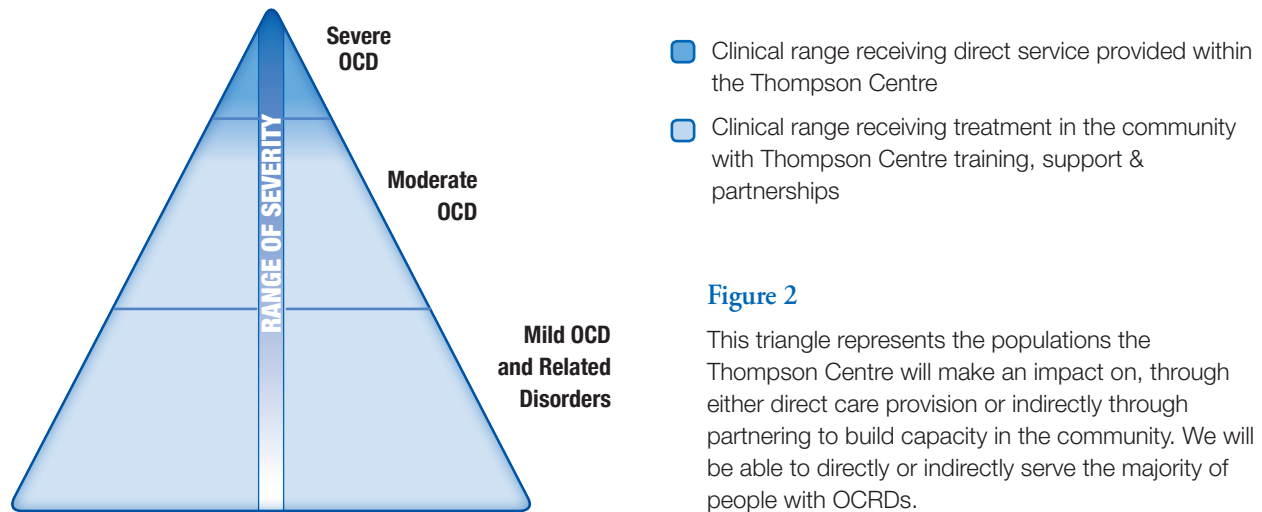


Figure 2

This triangle represents the populations the Thompson Centre will make an impact on, through either direct care provision or indirectly through partnering to build capacity in the community. We will be able to directly or indirectly serve the majority of people with OCDs.

From a health economics perspective, the majority of health care resources currently expended on the OCD population are utilized in support of those individuals with severe illness. As this population currently does not receive treatment that meets their needs or results in significant symptom reduction, these more significantly affected individuals languish, and need extensive health care services including: frequent visits with community health care providers, emergency visits, chronic medication use, and hospitalizations. These individuals are typically unable to work, thus frequently staying on long-term benefits or remaining dependent on their families. Providing these more significantly impaired individuals with evidence-based care will result in a substantial reduction in the health care costs for this population going forward, and should thus enable our Centre to develop a strong economic argument for ongoing funding.

2. Education

Support those affected by mild to moderate OCD and related disorders by training and supporting networks of healthcare providers to provide first-line evidence-based care in the community.

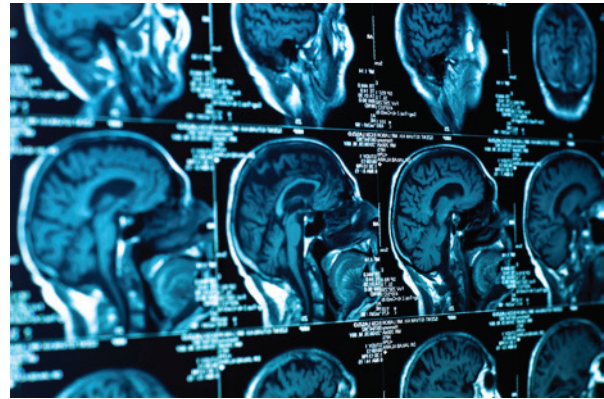
In order to insure access to evidence-based care for individuals with mild to moderate illness, it is crucial to build increased capacity in the community. This will require availability of appropriate training programs for health care providers to improve on their knowledge and acquire new skills. Our centre's staff of excellent clinician-teachers makes us uniquely able to develop the types of



educational opportunities needed to fill this gap. Moreover the development of such educational initiatives will position us as ideal partners for the Local Health Integration Networks (LHINs) in building a sustainable health care system meeting the needs of our community. An additional aspect of this strategic priority will be development of novel models of care, including a network of partners with whom we can work more closely in an ongoing fashion, facilitating ongoing knowledge transfer and resulting in a more responsive interactive health care system. These efforts will also be of interest to potential funders interested in system change.

3. Research

Enhance our broad program of research by increasing focus on novel biopsychosocial mechanism of vulnerability and treatment which promise potentially better outcomes for those with significantly impairing OCD.



Given our new focus on significantly impairing OCD, the breadth of our research mandate will be expanded to support this change. Given the limitations in efficacy of current available treatments for those with more severe illness, our research will grow to encompass novel biological therapies. As part of the Sunnybrook Research Institute, we will explore the potential of image-guided therapy, and driven by our clinical mandate, we will also develop and test novel models of care. These research initiatives will in turn become highly eligible for project-based funding from a variety of funding sources.

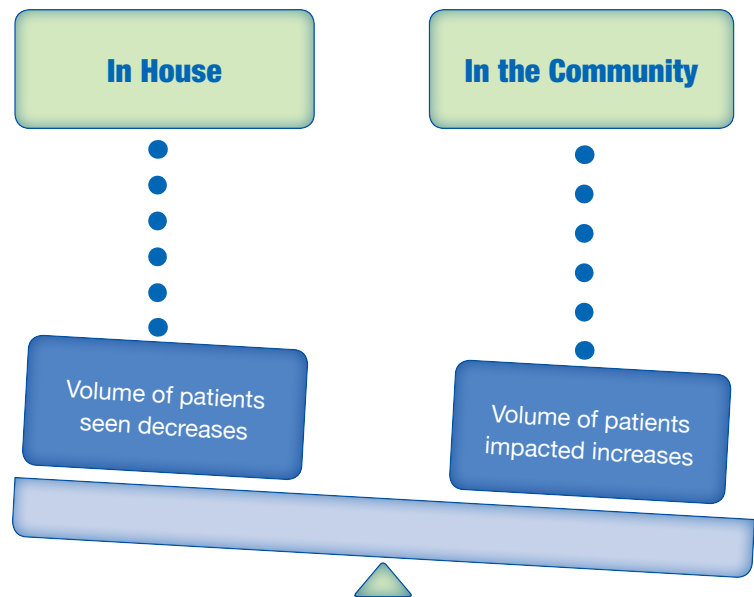


Achieving Our Strategy: 2016-2019

As we move to implement our strategy, changes in the way our current human resources are allocated will be required. Clinical care of the more significantly ill will need to be more intensive, and as such we will provide comprehensive care to a significantly smaller volume of patients (See Figure 3).

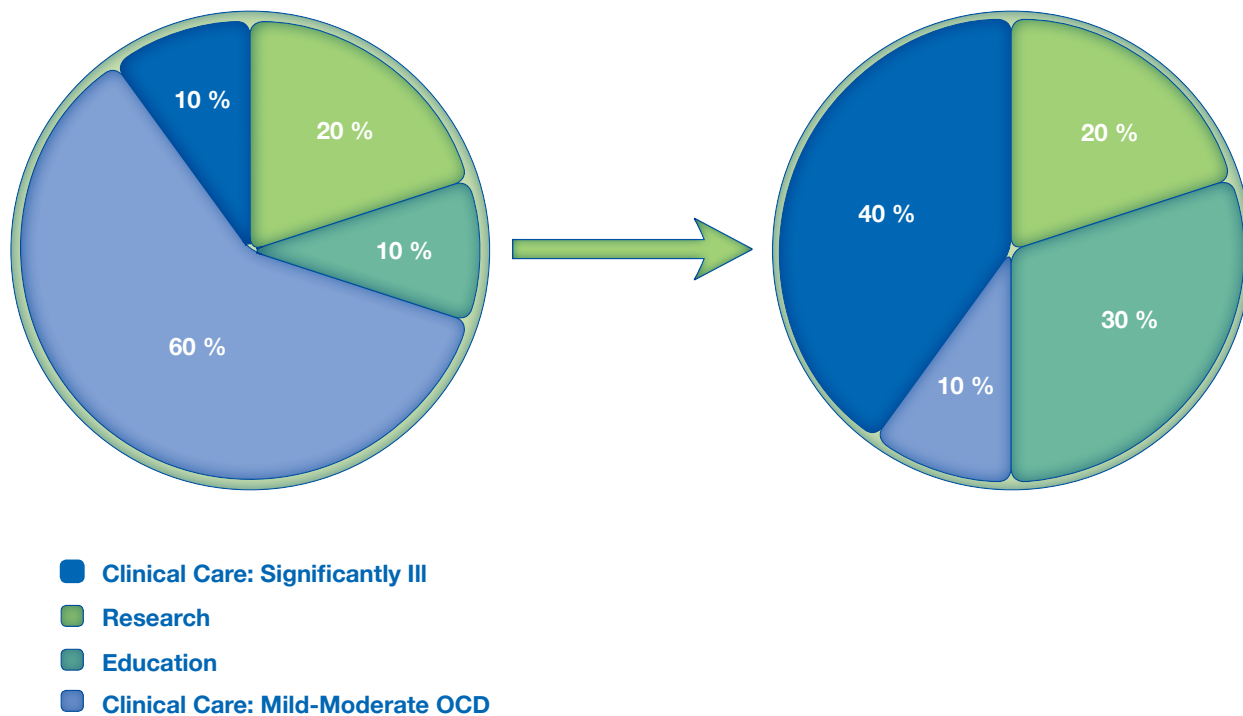
Figure 3

As the Thompson Centre begins to focus on providing direct care to people with significantly impairing OCD, we will train, support and partner with individuals, organizations and institutions within the community to develop their proficiency to provide evidence-based care for people with mild to moderate OCD and related disorders. This will greatly increase the number of people that will receive care in the community, with Thompson Centre's support.



In order to achieve this goal while ensuring those with mild to moderate OCRDs also receive the care they require, we will reinvest our resources to train, support and partner with individuals, organizations and institutions within the community to develop their proficiency to provide evidence-based care for people with OCRDs. This will greatly increase the number of people that will receive care in the community with Thompson Centre's support. Figure 4 below illustrates how our resources will be proportionately reallocated to accommodate our strategic shift.

Figure 4: Proportionate shift of our resources for each strategic priority.



Clinical Care



By 2019, we will be the provider of timely multi-disciplinary episodic care for people with complex and significantly impairing OCD in the GTA. We will offer expert consultation to individuals with significantly impairing OCD from across Ontario; however, will only accept individuals from the GTA into our intensive treatment program. This comprehensive program will include psychopharmacological treatment, multi-disciplinary support, and a course of intensive outpatient CBT as needed, as well as novel biological therapies for those with severely refractory illness.

While our focus will be primarily on those with significantly impairing OCD, our experts may also see a small proportion of people with related disorders who are significantly impaired. In addition, to achieve our academic and self-assigned mandates as training providers within an academic teaching hospital and University of Toronto, it is important for our team to continue to see small volumes of individuals with mild to moderate OCRDs, both to maintain our own skills and develop the skills of trainees, as well as to be in line with Sunnybrook Health Science Centre's mandate to support the local community. We will therefore continue to act as a local service provider, accepting those with milder illness within a restricted catchment area.

Moving To Action

By 2019:

Goals 2016-2019

- 1.1 We will be the provider of timely multi-disciplinary episodic care for people with significantly impairing OCD who reside in the GTA.
- 1.2 We will provide a consultation service for those with significantly impairing OCD and related disorders across Canada.
- 1.3 We will continuously improve our services by implementing innovative models of care and emerging biological treatments

Objectives 2016-2019

- 1. To develop and implement a program of intensive outpatient cognitive-behavioral therapy (CBT)**
 - 1.1. To develop and implement an intensive CBT day treatment program
 - 1.2. To continue to serve people with mild to moderate OCD and Related Disorders who live within the Sunnybrook Health Sciences Centre catchment area as capacity permits
 - 1.3. To develop and nurture an emerging network of partnered service providers who can serve people with mild to moderate OCRDs from outside the Sunnybrook Health Sciences Centre catchment area
- 2. To streamline the triage and intake of our referrals**
 - 2.1. Identify and accept criteria-meeting referrals into our primary program streams and redirect outside catchment referrals of those with mild to moderate OCD to our emerging network of partnered service providers
- 3. To develop collaborative relationships with community care providers to effectively transition care and facilitate discharge planning**
 - 3.1. To initiate a collaborative care model whereby referring physicians remain involved and engaged as primary care providers while clients are seen by the centre for an episode of care
- 4. To refine our existing consultation service to provide consultation services for those with significantly impairing OCD and related disorders across Ontario and Canada**
 - 4.1. To identify and accept referrals of significantly impaired individuals with OCRDs from across Ontario and Canada into our consultation service
- 5. To explore and implement innovative models of care**
 - 5.1. To build collaborative or shared care approaches
 - 5.2. To develop and implement at least one novel model of care
- 6. To increase delivery of emerging biological treatments**
 - 6.1. To develop partnership(s) through which to begin delivery of neuromodulatory approaches and image-guided therapeutics To develop and implement pilot studies of at least one emerging psychopharmacological treatment(s)

Education



Through our annual conference, public forums and information sessions, the Frederick W. Thompson Anxiety Disorders Centre will continue to make significant strides in advancing and disseminating knowledge of OCD and related disorders directly to professionals, those affected by these disorders, and their loved ones. As an integral member of the University of Toronto community, we will continue to provide postgraduate, undergraduate and continuing health education.

Over the next three years we plan to expand our educational offerings to include the training and mentoring of community-based mental health professionals, residents and students via the development of innovative in-depth training opportunities. We will also identify and nurture key partners to build a network of health care providers spanning our community.

The end goals of these initiatives are to increase clinical interest, capacity and skills in the management of OCD and related disorders, build our profile as a unique resource in Canada for attaining greater expertise in these conditions, develop the next generation of health care providers, and attract the best talent to our organization.

Moving To Action

By 2019:

Goals 2016-2019

- 2.1 We will build, train and provide ongoing clinical support to a network of health care providers in the community
- 2.2 We will provide specialized training and education for mental health professionals about OCRDs

Objectives 2016-2019

- 1. To cultivate, train and support partners in the GTA to provide evidence-based first-line care (CBT and/or psychopharmacology) for mild to moderate OCD and related disorders**
 - 1.1. Identify interested potential partners and design ongoing programs of support to meet their needs
- 2. To disseminate knowledge about OCRDs to health care providers, patients and their families**
 - 2.1. Develop an algorithm for care providers to enhance provision of first-line evidence-based care
 - 2.2. Develop an on-line library of educational materials for the community
 - 2.3. Promote awareness of our annual conference amongst health care providers
- 3. To develop and provide more specialized intensive training opportunities for skills transfer to mental health professionals**
 - 3.1. Develop specialized CBT training workshops in OCRDs for clinicians with basic CBT skills
 - 3.2. Develop novel interdisciplinary training opportunities for community care providers to enhance their skills and confidence with this population, such as 'externships', and limited observerships
 - 3.3. Promote training opportunities for psychiatry residents
 - 3.4. Enhance our relationship with Toronto training programs in clinical psychology to attract PhD students for practicums
- 4. To increase expertise of novel biological therapies**
 - 4.1. Encourage our staff to expand their knowledge through education about how best to treat those significantly impaired via biological therapies



The Frederick W. Thompson Anxiety Disorders Centre has already established a strong profile in the broad international research community for our work on the cognitive, psychosocial and neurobiological mechanisms underlying these illnesses. We have a national funding platform through the Canadian Institutes of Health Research and strong research partnerships with other leading research centres across the globe. Our strategic priorities over the next three years will be to complement our strategic clinical shift to the more significantly ill by deepening exploration of novel neurobiological approaches to treatment, as this targeted clinical population will be more refractory to conventional treatments currently offered. We will also initiate scholarly study of new models of care we develop to test their utility. This program of research will further raise our profile in the international OCD community, enhance our success in applications for project-based funding opportunities, and assist us in attracting the best and brightest to our centre for research training.

Moving To Action

By 2019:

Goals 2016-2019

3.1 We will continue to conduct novel and impactful research into causes and treatments of OCD and related disorders, with an enhanced focus on innovative biological approaches

Objectives 2016-2019

- 1. To expand on our research identifying biological, psychological and social markers of vulnerability to illness**
 - 1.1. Develop competitive research projects building on our now funded large-scale exploration of a neurodevelopmental model of risk for mood, anxiety and OCD during the peripartum period
- 2. To develop and research novel empirically-supported treatments and their mechanisms of action**
 - 2.1. To produce new and impactful findings on the mechanisms of action in CBT and pharmacotherapy and to delineate the biological, cognitive, and psychological markers of poor treatment response and illness recurrence.
 - 2.2. To begin to develop improved treatments based on these findings to target the severe, treatment refractory population.
- 3. To explore neuromodulatory approaches and image-guided therapeutics**
 - 3.1. Initiate at least one study of a novel neuromodulatory technique such as rTMS, dTMS, or focused ultrasound neurosurgery for severe intractable illness.

Sustainability



Our path to a sustainable future for the Frederick W. Thompson Anxiety Disorders Centre will be through attracting funding from key government sources such as the Ministry of Health and Long-Term Care (MOHLTC). In order to accomplish this we will develop a business case demonstrating the health care economic advantages of our new models of care for individuals with significantly impairing illness. The Local Health Integration Networks (LHINs) is another important potential funder for whom we will develop a specific business case regarding the benefits of our intensive training and partnership models as ways to successfully and sustainably build community capacity for treatment of this complex group of disorders. Other business cases may also be developed depending on project-based funding opportunities and to attract private philanthropic donations.

Moving To Action

By 2019:

Goals 2016-2019

4.1 We will ensure that a significant proportion of our clinical services will have sustainable funding

Objectives 2016-2019

1. To develop comprehensive business cases targeting potentially sustainable funding sources such as LHINs, MOHLTC and private philanthropy

- 1.1. To collect and synthesize data on health care economic indicators associated with (i) significantly impairing OCD and related disorders, and (ii) the impact of intensive treatment To develop a comprehensive understanding of the public and private clinical resources for OCRDs across Ontario
- 1.2. To evaluate the efficacy and effectiveness of the intensive outpatient CBT program in treating those with more severe illness
- 1.3. To develop compelling business case(s) for sustainable funding of The Frederick W. Thompson Centre for Anxiety Disorders
- 1.4. To develop and implement a multi-level funder engagement strategy and plan
- 1.5. To become a recognized partner of service funders for OCRDs To document and promote the results of Frederick W. Thompson Anxiety Disorders Centre work as part of the broader strategy to become a recognized partner of services for OCRDs by funders

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Frederick W. Thompson

None of this would have been possible were it not for the vision of our founding donor, Mr. Frederick W. Thompson. Although he passed away this past year, his family remains deeply involved in insuring his legacy lives on in the Centre.



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Appendix: Our Process

Over the course of six months, several crucial documents were reviewed and analyzed in the development of this strategic plan. Interviews were conducted amongst twelve stakeholders including members of the Ministry of Health and Long Term Care, the Toronto Central Local Health Integration Network, Sunnybrook Health Sciences Centre, Sunnybrook Research Institute, the University of Toronto, philanthropic donors and government relations experts. A face-to-face focus group was conducted with 10 patient and family centred care committee members and 10 Thompson Centre staff. Two surveys were circulated to 160 community agencies and 150 clients of which we received a response rate of 15% and 29%, respectively. The Steering Committee reviewed and analyzed all feedback collected in the development of this strategic plan.

Strategic Planning Journey

Activities	
May	Getting Started: Review of Documentation, Initial Project Set Up, Development of Work Plan
May	Steering Committee Meeting #1: Review of Issues and Identification of Key Conversations
June	Gather and Analyze Data: Interviews (12), Focus groups with Thompson Staff (10), Survey of Community Partners (160) and clients (150), Focus Group with Patient and Family Centred Care Committee (PFCC – 10)
July	Steering Committee Meeting #2: Review of Findings
August	Steering Committee Meeting #3: Development of Draft Strategy
Sept	Advisory Committee Meeting with Senior Leaders: Review and Approval
November	Steering Committee Meeting #4: Review Final Strategic Report



Frederick W. Thompson Anxiety Disorders Centre
Strategic Plan 2016-2019

2016

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