Using the flags model: A practical guide for GPs

The flags model has been used to describe psychosocial prognostic factors for the development of persistent pain and work disability following the onset of musculoskeletal conditions.

It is widely acknowledged that a biopsychosocial approach to managing compensable musculoskeletal injuries can lead to better health outcomes. The flags model has been widely endorsed as a framework clinicians can use in the acute and sub-acute phases of an injury to identify and address modifiable factors that risk timely recovery and return to work.

This guide has been developed for GPs to use during consultations with injured workers. It is not designed to be prescriptive, but rather a suggested structure for applying clinical reasoning during injury management.

What is the flags model?

The flags model is a framework for identifying factors that may become obstacles in a patient's recovery and return to work following a musculoskeletal injury. The early identification of these obstacles assists clinicians and other injury management parties to develop a plan to overcome them, minimising the risk that the patient will develop persistent pain and long-term work disability.

Early identification and management of biopsychosocial factors

Medical practitioners should consider biopsychosocial factors in managing workers' injuries. Intervention within 4 to 12 weeks post-injury is paramount to reverse the associated risk of poorer health and return to work outcomes. Early communication and referrals to other professionals may be essential to reverse modifiable risks. Medical practitioners should always use their clinical judgement when using this model.

<table>
<tr><th></th><th>Flags</th><th>Suggested interventions</th></tr>
<tr><td rowspan="2">Acute (0-4 weeks)</td><td>Red flags – Medical or biological factors
Serious medical pathology – eliminate serious pathology (e.g. cancer or kidney failure) as causation for musculoskeletal pain
Co-morbidity – consider the complex interplay of other diseases (e.g. rheumatoid arthritis or diabetes) in the diagnosis, treatment and management of the musculoskeletal injury</td><td>Conduct a thorough medical history
Early referral for diagnostic investigations and specialist consults
Apply medical model according to evidence and clinical judgement</td></tr>
<tr><td>Orange flags – Mental health factors
Mental health disorders - does your patient have an active or interactive mental health disorders, such as anxiety, depression or post traumatic stress disorder?
Personality disorders - the presentation of personality disorders are rare however are marked by case complexity, poor outcomes and social conflict. Refer for specialist advice.</td><td>Manage compensable and non-compensable conditions separately
<table><tr><th>Compensable
(i.e. secondary condition)</th><th>Non-compensable
(i.e. pre-existing condition)</th></tr><tr><td>WorkCover WA's certificates of capacity
Referral to clinical or counselling psychologist and/or psychiatrist</td><td>Other medical certificate
Referral to psychologist and/or psychiatrist under Medicare's GP Mental Health Care Plan</td></tr></table></td></tr>
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Sub-acute (4-12 weeks)

Yellow flags – Psychological factors

Perceptions

- High pain intensity and quality
- Prominent psychological distress including anxiety and depressive symptoms

Beliefs

- High perceived disability
- Poor belief in own self-management to alter, reduce or modify pain perceptions
- Lowered resilience, including ability to cope

Behaviours

- Participation in most work, home, recreational and social activities is affected
- Avoids normal activities because of fear of pain
- Takes a passive role in recovery

Blue flags – Work or social factors

Work

- Perception of supervisor or co-workers as unsupportive of the rehabilitation process
- Availability of workplace accommodation for reduced work capacity

Social

- Non-English speaking
- Low social support (i.e. family, friends, networks)

Black flags – Compensation or system factors

- Compensation and complexities navigating the system
- Financial strain (e.g. dispute about liability)
- Continued need to prove claim validity

Level one – Intervening during GP consultations

- Educate and reassure about the normal course of injury
- Use active-listening to acknowledge their concerns
- Challenge unhelpful beliefs (i.e. catastrophising)
- Administer a *psychosocial screen* to assess risk of poor outcomes
- Communicate expectations for recovery and work
  - e.g. “I expect that in four weeks you will have returned to your previous work capacity.”
  - *Talking about the health benefits of work: A guide for GPs*
- Contact the employer to understand ability to accommodate reduced work capacity
- Request a case conference

Level two – Other professional intervention

- Early engagement of a *workplace rehabilitation provider*
- Consider short-term referral for clinical psychology intervention e.g. 4-6 weeks of CBT to assist worker to learn self-management strategies in de-escalating unhelpful thoughts
- Early and continued communication with the employer to manage return to work
- Request a case conference with the worker, employer and other relevant parties

Level three – Specialist intervention

- Referral for assessment with an occupational physician
- Referral for assessment with a psychiatrist or pain management specialist