



Quality.
Timeliness.
Customer Service.

A Leidos Company

STATEMENT OF

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FOR THE RECORD OF THE

Subcommittee on Disability Assistance and Memorial Affairs

Committee on Veterans' Affairs

United States House of Representatives

“VA DISABILITY EXAMS: ARE VETERANS RECEIVING QUALITY SERVICES?”

JULY 27, 2023

Chairman Luttrell, Ranking Member Pappas, and Members of the Subcommittee:

ABOUT QTC

Thank you for inviting QTC - a Leidos Company - to submit a statement for the Subcommittee's oversight hearing entitled, "VA Disability Exams: Are Veterans Receiving Quality Services?" Our organization provides critical access points for disability examinations across the country and overseas, as well as support for the pre-discharge programs. Over the last 40 years, QTC grew from a small medical center started by Asian immigrants to 90 medical clinics nationwide, a network of 19,000 subcontract providers, 12 mobile medical clinics, and large administrative offices in California, Texas, Pennsylvania, and Tennessee. We are now the nation's leading provider of medical, disability, and occupational health examinations and have conducted more than 12 million exams in our 40-year history, exceeding customer quality measures.

QTC was founded with the mission to provide high Quality, Timely, and Customer-focused medical examination services. These three words are embedded in our company culture and drive everything that we do. QTC's quality of service is a top priority to ensure reliable medical reports. Our extensive network of medical providers undergoes a rigorous training and credentialing validation process to ensure they are qualified and prepared to perform quality examinations. QTC's timeliness is determined by customer policy standards and a proven 6-step operational methodology. Our patented software technology is designed to optimize the exchange of information between our clients and providers to ensure the timely delivery of medical reports. QTC requires that all providers and employees maintain or exceed excellent customer service. We understand the importance of creating positive first impressions and are trained to do so with every customer interaction. We are committed to treating every examinee with the respect, dignity, and courtesy expected of us as caregivers. We also strive for innovation and continuous improvement to ensure our services are always leading the industry.

BACKGROUND

In 1996, President Clinton announced that Vietnam Veterans with prostate cancer and peripheral neuropathy were entitled to disability payments based on their exposure to Agent Orange. The administration also proposed legislation to meet the needs of Veterans' children afflicted with the birth defect spina bifida.¹ Congress responded by passing the Veterans' Benefits Improvements Act of 1996 (P.L. 104 – 275) which provided the authority for the Department of Veterans Affairs (VA) to use contract examiners to help with the expected increase in claims. The initial legislation limited the use of contract examiners to 10 VA Regional Offices (VARO). In 1998, VA awarded QTC one of the first contracts to conduct VA medical disability exams.

In late 2009, VA Secretary, Eric Shinseki, expanded disability compensation eligibility for those affected by both combat PTSD and Agent Orange. The backlog, defined as claims that are more than 180 days old, *more than doubled* in size in less than four months following these changes between November 2010 and March 2011.² Improved VA outreach amid a difficult economy

¹ Richter, P. (2019, March 5). Clinton Expands U.S. Benefits for Veterans Exposed to Agent Orange. Los Angeles Times. <https://www.latimes.com/archives/la-xpm-1996-05-29-mn-9695-story.html>

² Friedman, B. (2013, June 3). The Rise (and Fall) of the VA Backlog. TIME.Com.

caused a steady, overall rise in disability claims—especially among aging Vietnam Veterans. Additionally, between 2001 and 2013, over 2.5 million service members were deployed in Afghanistan and Iraq. Of those, more than one-third were deployed more than once. Compared to previous generations of Veterans, Iraq and Afghanistan Veterans filed claims for a higher number of disabling conditions, including complex conditions like traumatic brain injuries—which further exacerbated the VA’s ability to provide timely disability claims decisions.³

In January 2013, the Department of Veterans Affairs released its plan and aspirational goal to eliminate the disability compensation backlog by the end of 2015. Secretary Shinseki changed the definition of backlog claims from 180 days to 125 days. In March 2013, VA’s disability claims backlog peaked at 611,000 claims, with over 800,000 claims in inventory. VA’s plan had several components based on three main initiatives: people, processes, and technology. Key among these initiatives was the implementation of an automated system of claims processing. As part of the plan, VA modified and streamlined certain claims and appeals processing procedures for Veterans who opted to participate in these initiatives in exchange for an expedited decision. VA also shifted some workload between regional offices and increased the use of contractors to handle some aspects of the claims process.⁴ QTC was instrumental in helping to reduce the claims inventory during 2013-2015, completing over 1.3 million exams in support of VBA.

VA saw a net gain of 700,000 unique patients in a few years as Veterans from Iraq and Afghanistan transitioned from the military, and in 2014, it became clear that VA was facing patient wait-time challenges within its healthcare system. Extensive wait times were further exacerbated by the agency’s struggle to fill 5,100 provider vacancies in 2013. In conjunction, appointment slots with VA clinicians were also being used to conduct disability exams rather than allowing VHA to focus on its primary statutory mission of healthcare delivery. To support the VA’s plan to reduce the healthcare backlog and alleviate the burden of conducting disability examinations from healthcare providers, Congress passed P.L. 113-235, which expanded contract examinations coverage in phases from 12 VAROs in 2015 to 15 VAROs in 2016; and finally, to all VAROs in 2017. P.L. 113-235 allowed VA clinicians to focus on healthcare delivery while contract examiners were utilized fully to help the department achieve a functional zero in the disability claims backlog.

By August 2015, the backlog dropped below 98,000 claims, an 84% reduction from its peak in March 2013 and the lowest since VA started measuring the claims backlog in 2007. The department attributed the backlog reduction to a transformation plan it launched in 2011, which included a refocus on electronic claims processing, more streamlined coordination of private medical records, and expanding the use of contract examiners.⁵ VA largely enjoyed a functional zero in disability claims until the COVID-19 pandemic.

On April 4th, 2020, the COVID-19 virus forced VA to halt in-person medical disability examinations. As a result, disability claims inventory and backlog grew significantly. When all exam restrictions were lifted, the disability claims inventory and backlog leveled off, and as of March 2021, the backlog stood at approximately 209,000.⁶ This same year, Congress expanded license portability for contract examiners to include physician assistants, nurse practitioners,

³ Office of Public and Intergovernmental Affairs. (2013). VA.gov | Department of Veterans Affairs. <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2418>

⁴ Veterans’ Disability Benefits: Timely Processing Remains a Daunting Challenge. (2013). Government Accountability Office.

⁵ Kesling, B. (2015, August 25). VA’s Backlog of Disability Claims Falls to 8-Year Low. WSJ.

⁶ Veterans Benefits Administration Monday Morning Report as of March 13, 2021.

audiologists, and psychologists. With this authority, QTC was once again instrumental in helping reduce the excess inventory of disability claims by completing over 2.8 million exams during 2020-2022. We deeply appreciate Chairman Bost's and the committee's support for this legislation.

In 2022, the historic Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) was enacted. This led to an influx of cases from millions of Veterans with toxic exposures who are now authorized to receive healthcare services and compensation benefits from VA. There were initially 24 presumptive conditions identified through the PACT Act legislation, but this was amended to include an additional 20 presumptive conditions, more presumptive-exposure locations, and a requirement for the VA to provide toxic exposure screenings to all Veterans enrolled in VA healthcare. This change is expected to increase the backlog in both disability examination services, as well as clinical services. To prevent an unmanageable increase in excess exam inventory, QTC has been increasing capacity by increasing its network of providers across the country over the past two years. We stand ready to help VA reach functional zero of claims by the end of 2025.

CONTRACT EXAM PROCESS

When additional information is required to substantiate a claim, VBA orders an exam. Upon receipt of the Exam Scheduling Request (ESR), QTC implements our 6-step workflow to process the ESR. This begins with a comprehensive review of the ESR and clarifies any uncertainty with the VBA to ensure the veteran/service member receives the appropriate exams. The next step is to contact the examinee to begin the scheduling process at a location and date/time that balances the preferences of the examinee with the requirements of the VBA's Medical Disability Examinations (MDE) contract. The contact process can include phone calls, text messages, emails, and tracked mail packets to ensure confirmation of the scheduled appointments. We strive to complete the scheduling step within 2 days of receiving the ESR and have the appointments occur within 8 days from the scheduling date. We follow up with both the examinee and the provider to ensure they are ready for the exams prior to the appointments, which drives a low no-show rate of 5-7%.

In support of the scheduling process and the provider's preparation for the exams, QTC implements sophisticated IT solutions to ensure all of the correct exams, DBQs, diagnostics, and associated medical records are ready for an efficient exam process. We use IT systems that are fully cyber-compliant for the secure handling of the privacy and health information of the examinees. We interact with both examinees and providers through secure portals, so the data is never exposed outside of our system. There has never been a data breach in all the years that QTC has been conducting exams on behalf of the VA.

The next step in the process is the provider completing the exams to gather the results necessary for the VBA to adjudicate the examinee's claim. When performing the exam, the provider uses the secure portal to access the medical records and the DBQs required for the exam. We prepare the entire set of medical records for review by the provider and apply IT tools to make the search and review of all records easy and efficient for the provider. One of these tools is our proprietary Medical Exam Protocol (MEP) system which has patents and has been refined over the past 20 years to ensure high-quality results. This system presents a provider-friendly view of the DBQs and assists the provider in the navigation of a complex set of documents.

We gather all the supporting diagnostic results and pull them into the secure portal for the provider's review and incorporation into their results. Once the provider completes the DBQs, the next step is for QTC's quality assurance (QA) staff to ensure they are clear, consistent, complete, and meet the quality guidelines of our contract. Our Quality Assurance team includes former VBA employees with experience adjudicating claims who are experts in the claims process. The QAs will clarify any necessary items with the provider in the same portal to ensure secure interactions, as well as capture all the data associated with these clarifications (more information on the QA process is described in the following section). Once the provider has completed any report adjustments, they sign the report, and it is ready for secure transmission to VBA. We target completing the DBQs and QA process within 6-8 days of the exam date.

QUALITY

Quality Measure

From 2017-2020, the Medical Disability Examination Office (MDEO) initially established a quality standard for contract examiners requiring 92% of error-free exams. In a June 2022 report, OIG stated that all vendors failed to meet the quality standard during this time period. From 2017-2022, quality assessments were scored using an "all-or-nothing" approach, like penalizing vendors for not including inconsequential information such as a fax number, rather than leveraging a standardized scoring method. In addition, there were instances where samples were not statistically representative.

In response to this report, VA indicated that MDEO had re-assessed the scoring process and executed major contract modifications on October 1, 2021 to include the implementation of a revised quality audit checklist and methodology for quality scoring. This change is a more reasonable approach to assessing exam quality as it measures the accuracy of a case based on all required exam elements. However, non-clinical/administrative errors, with no impact on the rating decision, continue to be cited and scored against the vendor quality score (i.e., missing fax numbers).

Along with the changes to the scoring process, the quality standard changed to 96.5% of exams containing no errors. Additional modifications were included regarding how the score was determined, allowing QTC to align our processes and scoring to the MDEO efforts. As of April 2023, the quality standard was reduced slightly to 96.0%, and QTC has consistently met this standard in the current fiscal year through our efforts to align with MDEO's scoring procedures.

Training

To provide high-quality exams, QTC prioritizes having a well-trained provider network. Through our rigorous recruitment and credentialing processes, all providers' qualifications and licensure are verified, ensuring they are in good standing. Once verified, examiners undergo the same training requirements and modules as that of VHA providers, including Disability Medical Assessment (DMA) modules, HIPAA, and Rules of Behavior (ROB) training, and training for special examinations such as Gulf War Illness, Spina Bifida, 1151 cases, PACT Act exams, and many other associated trainings like military sexual trauma and Veteran experience training. In these modules, core competencies for a VA or contract examiner are discussed, including medical opinions, complex cases, legal decisions, and best practices for identifying Veterans who need a fiduciary.

For each of the DMA modules, QTC partnered with VA to identify gaps in the training from the vendor perspective, as well as opportunities to enhance the training to make the information clearer to a medical provider. For example, for the course on Toxic Exposure Risk Activity (TERA) opinions, QTC recently made recommendations to increase the training on the Individual Longitudinal Exposure Record (ILER) and provided case studies, prompting enhancements by VA.

In addition to DMA training modules, QTC employs a team of highly trained Provider Liaisons to provide orientation and on-the-job training with MDE-specific tools like the goniometer, as well as to assist them through their first set of cases. The Provider Liaison team works with each new examiner to establish a baseline quality assessment and provide ongoing support and re-training to address questions and any quality improvements as they begin actively seeing examinees. Each examiner must demonstrate an ability to deliver quality exams before being allowed to conduct VA exams independently.

If a provider's quality begins to decline, a hold is placed on their schedule, and re-training occurs to address the quality concerns. After re-training, the provider is allowed to continue seeing examinees, but a quality re-audit is performed 30 days after the re-training is completed to ensure their quality has improved and address any remaining concerns. If the examiner does not demonstrate improvement and/or is inconsistent with their improvement over a period of time, the contract with the examiner is assessed for termination and further scheduling of VA examinees is disallowed.

QTC's QA Process

Over the 25 years that QTC has provided disability exams to Veterans, we have developed a robust and mature quality assurance process. Our quality process has multiple layers to ensure the comprehensive coverage of all aspects of quality. We start with a Quality Compliance team that is staffed with former VA employees that bring a wealth of experience and insight to our QTC team. This team is instrumental in coordinating with the MDEO quality team and providing oversight of the quality program at QTC with both staff and providers. They also have the experience necessary to understand VA's perspective to ensure the QTC processes align properly and provide sage recommendations to BA on enhancements to the overall quality effort. This team provides audits of both QTC staff and providers to ensure high-quality DBQs, training regarding changes to DBQs or VA processes, and monitoring for trends that may need to be addressed with follow-up training or other actions.

The Quality Compliance Team works closely with our operational QA personnel to help navigate complexities associated with new exams and changes to the claims process. We have used this effectively over 25 years for the major adjustments caused by the initial presumptive conditions, the emergence of Gulf War claims, the implications of the COVID pandemic, and most recently, the complexities of the PACT and TERA claims.

In addition, MDEO works closely with contract exam providers to ensure quality contract exams. As VBA stood up MDEO, QTC has observed enhanced efforts to ensure quality exams through weekly/monthly calls to discuss quality results and error trends and on-site visits throughout the year, with some visits lasting a full week for a deep dive on exam processes/procedures, facility audits, and contract compliance check. Based on these efforts, QTC has been able to collaborate

with MDEO to identify ways to improve the quality of services and the quality audit process further. Examples include the recommendation to reserve quality scores for only items which may impact the claim decision and addressing administrative errors separately to allow better trending of true quality issues for more expedited solutions. This ongoing collaboration has led to a reduction in rework percentage from 0.63% in 2021 to 0.54% in 2022, indicating an improvement in report quality and VA clarification requests to accompany demonstrated improvements in our overall quality scores.

To improve the quality of exams for complex claims (i.e., Gulf War Illness, Traumatic Brain Injury, Military Sexual Trauma, or PACT/TERA), MDEO provided results from a special focused review in July 2021 and again in February 2023. Concurrently, VA updated the medical opinion request language for Military Sexual Trauma claims in 2021 to provide an explicitly defined request. QTC immediately updated all policy and procedure guidance to align with the changes set forth by VA, and additional resources were incorporated into the providers' medical evaluation portal to ensure the guidance was made readily available in real-time.

Along with the focused reviews, VA developed a process to assess the quality of QTC exam reports for complex claims using the existing rework and Error Citation Report structure. VA will occasionally return exams to us because they were missing key information that was necessary to rate a claim. We refer to this as "rework." Presently, less than two percent of cases require rework. MDEO also provided feedback on TERA medical opinions in the Error Citation Reports for both March and April 2023.

TIMELINESS

QTC strives to provide timely exams while honoring the Veterans' preferences within the requirements of the contract. MDEO set a timeliness standard of returning completed exams in an average of 20 calendar days and an average of 30 days for overseas and pre-discharge exams, with Veterans traveling no more than 50 miles for non-specialty exams and 100 miles for specialty exams. QTC has met this standard since the start of the current contracts.

To meet the timeliness standards, QTC focuses on developing an extensive provider network and has led the industry to develop new exam delivery models and tools that support timely, veteran-centric exams. This is a difficult task as more than 30% of the Veterans live in rural locations, and most are underserved by provider networks. This is why QTC has invested heavily in innovative service delivery methods for taking our exam services to where the Veterans are located. This includes our rapid site deployment solutions and our mobile medical clinics. We implement both solutions with the license portability allowed for MDE exams. These solutions and our other innovations are described in more detail below.

For the small percentage that travel greater distances, an approval process was established with the MDEO to provide justification and proof that we have discussed with the examinee, and they have agreed to the travel. We document those details and request approval from the MDEO office before proceeding. In most situations, this is to support a medical specialty that is underserved across the country or to help accelerate the timeline for processing the examinee's claim.

CUSTOMER SATISFACTION

MDEO assesses veteran satisfaction on contract exams through anonymous survey cards. QTC has achieved and maintained a Veteran satisfaction score of over 90% since Q1 of FY2017, consistently meeting and exceeding the contractual requirement. Presently, the satisfaction score is 95.9%, demonstrating a high level of customer satisfaction. Satisfaction scores are calculated through survey cards that are sent to each Veteran in their appointment information packet - both a paper copy and an online link are provided. Survey cards are then collected by an independent vendor that VBA has contracted to tabulate the responses. The responses are sent to the MDEO, who provides each of the vendors with their information, respectively. Veteran feedback in these survey cards serves as a valuable tool to drive continuous improvements in our exam quality. For example, this feedback has allowed QTC to spot trends and address customer service concerns associated with specific providers or locations. As we study this feedback, we have relocated and opened new QTC clinic locations, identified clinics where a site audit is needed, improved the mileage check reimbursement processing speed, and improved operational workflows to include the implementation of an automated appointment reminder system for the examinees. Each of these improvements was implemented based on feedback received from survey cards.

In addition to the survey cards, QTC pioneered the first and only customer experience department among the vendors. This team includes Customer Experience Liaisons with work histories from the Veterans' Service Organizations (VSO) and congressional casework, who are highly skilled and knowledgeable in understanding and improving the veteran experience. Through these efforts, QTC has been able to expand beyond the survey cards and capture customer feedback through social media channels, establishing a robust tracking and monitoring system to improve communications, timeliness of resolutions, and overall outcomes for the Veterans that we serve.

GOING THE EXTRA MILE

As the first provider of contract exams, QTC introduced various veteran-centric disability exam delivery models that are in use today. In the early days of providing disability exams, QTC established one-stop clinics to handle the leading claimed conditions, including musculoskeletal conditions, PTSD and other mental health conditions, and hearing loss and tinnitus claims. To provide exams closer to Veterans where they live, we have continued to build clinics, recruit an extensive provider network, and employ innovative solutions to reach Veterans in underserved communities, limiting the need to travel long distances.

In 2018, VA challenged us to find new ways to meet the needs of rural and underserved Veterans. QTC is improving access to disability exam services for these Veterans by traveling across the country in our fleet of custom-built Mobile Medical Clinics (MMCs). We embraced the opportunity to innovate by developing our Mobile Medical Clinics (MMC), leveraging the license portability authority provided by Congress. Since 2018, we have driven over 500,000 miles in the continental U.S., delivering service to almost 100,000 examinees. These are miles that examinees would have otherwise had to travel themselves to access health services. We have proudly served 1,700 terminally ill patients in their homes. VBA also partners with QTC to process claims on the spot, reducing average wait times from 100 days to two weeks.

Our mobile clinics are ADA-compliant, with state-of-the-art technology, and designed for the MDE program. We can do everything that a brick-and-mortar clinic can do, including radiology, audiology, general medicine, vision, mental health, dentistry, and diagnostics. Each MMC is

equipped with four unique power sources, including QTC's first-ever solar-powered clinic. Each MMC is outfitted with the necessary medical equipment for all kinds of exams. Operated by a hand-picked team, the MMCs afford QTC the ability to travel long distances into underserved communities or wherever they are most needed. These MMCs can operate in a wide array of climates ranging from the Mojave Desert at 130 degrees to the winter plains of Minnesota at -40.

QTC is also proud to have partnered with Native American tribes in Washington and Montana to provide medical disability exams to tribal Veterans on reservations for the first time in history. Federal agencies are prohibited from entering Tribal reservations without special permission granted by a Tribal Council. To promote and build tribal relations, QTC prioritized respecting the rules and land of the Makah and Suquamish. The QTC team collaborated with a Tribal Liaison to effectively communicate with each Tribe's council. For one two-day event, the QTC medical team stationed the MMC near their town hall and Indian Health Clinic. There are no house addresses on the reservation, so the Tribal Liaison transported some of the Veterans to their appointments. As the team provided exams, the VA representative processed claims. Being able to lead a team in the first-ever Tribal event in VA and QTC history was an incredibly humbling experience. We are eager to work with VA to organize future clinic events for various Tribes.

Over the years, QTC has created additional exam delivery models to serve Veterans better. In 2016, we developed a comprehensive and sophisticated logistics capability to ship equipment and staff to short-term rentals in medical facilities in rural locations or even large cities when surge capacity is required to help work down excess claims inventory. This approach became much more effective when the MDE license portability law was passed.

More recently, QTC introduced booth-less audiology technology to Veterans. With similar innovations in the pipeline, QTC looks forward to supporting VBA to provide exams that are Veteran-centric, high quality, and delivered on a timely basis.

RECOMMENDATIONS

Congress should eliminate the sunset date on the licensure requirement for medical disability exam providers and expand the definition of a health care professional.

There is a national shortage of these medical providers. The United States faces a projected shortage of between 37,800 and 124,000 physicians within 12 years, according to the Association of American Medical Colleges. The American Hospital Association called the workforce shortage that hospitals are experiencing a "national emergency" and projected the overall shortage of nurses to be 1.1 million. Therefore, Congress must extend and expand license portability authority for VA contract MDE providers to address the shortage of medical providers and prepare for the anticipated increase in MDE requests.

VA should require VHA examiners to have the same standard timeliness and quality performance metrics as contractors and ensure incentives/disincentives are aligned equitably.

In 2022, multiple studies found substantial disparities in Veterans Health Administration (VHA) patient appointment wait times. A RAND analysis found that only 55% of Veteran patients reported that they were always able to get a routine appointment as soon as they needed one. More than half

of VA Medical Center directors reported that some Veterans faced clinically meaningful delays in care. Although the VA Medical Centers are at full capacity, there has been discussion about whether VA Medical Centers should resume conducting MDEs, which would likely overwhelm the already overburdened health system and increase patient wait times further. Therefore, Congress should apply standard timeliness and quality performance metrics across contract providers and VHA providers to ensure quality exams for all Veterans. Congress should also ensure that VHA healthcare wait times will not be impacted before VA commits additional VHA healthcare provider resources to deliver routine medical disability exams.

VA should engage VSOs and MDE providers who are the end users of VBMS, as VBA plans to modernize VBMS.

The Veterans Benefits Management System (VBMS) is the core software that VA uses to power disability claims processing. Over the years, there have been issues with VBMS system outages and system defects. As VA continues its focus on updating VBMS to support disability claims processing. It is important that VA engage Veterans Service Organizations (VSOs) and the Medical Disability Exam (MDE) providers in the front end before changes are made to VBMS. VSOs and MDE providers can provide valuable insights into the end-user experience and offer input on areas for VBMS improvements. This input would help VA plan accordingly so that VBMS improvements support the Department's ability to rise to the challenge of incoming PACT Act claims and meet Veterans' expectations of timely processing of disability claims. Congress should enable VA to modernize VBMS.

CONCLUSION

Thank you for inviting QTC to share our views. We understand the significance of filing disability claims as being an entry point for Veterans to access critical services and benefits that they have earned. We are proud to partner with VBA and our team of over 23,000 providers and staff are committed to meeting our mission to provide high Quality, Timely, and Customer-focused medical examination services every day to our nation's Veterans. Contract disability exam providers allow VA to maintain focus on their core competency of delivering care and treatment by providing a more dynamic and flexible disability exam solution that expands access, availability, and capacity for disability benefits exams. Contract medical disability vendors like QTC will play an important role in helping VA achieve its "mission to fight relentlessly for our Veterans with a relentless focus on providing our Veterans with timely world-class healthcare and ensuring our Veterans have timely access to their benefits."



Larry Schaefer

Chief Executive Officer

Larry Schaefer is the Chief Executive Officer for QTC. He joined QTC in 2006 after serving more than 23 years with the United States Air Force (USAF), retiring at the rank of Colonel. Mr. Schaefer leads QTC with a focus on employees, customers, and business partners to achieve its strategic growth plans. His plans include a highly strategic formula that consists of a healthy and diverse values-based culture, technological innovation, and an ongoing determination to continuously improve QTC's processes and systems supporting excellence in operations. Mr. Schaefer was previously QTC's Chief Operating Officer, Vice President for Provider Relations, and Director of Central Operations.

While serving in the USAF, he led multiple space programs for both the Air Force and national intelligence agencies working both software and hardware applications. During his military career he was also responsible for developing the USAF's and Intelligence Community's strategy for acquiring satellite launch services and for reengineering and modernizing travel services for the entire Department of Defense. He culminated his career as a Wing Commander responsible for sustaining more than 40% of the aircraft in the USAF inventory.

He holds Masters Degrees in Strategic Studies from the USAF Air War College and Systems Management from the University of Southern California with an undergraduate degree in Aerospace Engineering from the University of Colorado.