



THE FORUM

September/October 2026 • Volume 25, No. 5 • The Official Magazine of Collier County Medical Society

CCMS Members Represent Colleagues at FMA Annual Meeting



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CALENDAR OF EVENTS

Register at ccmsonline.org
or call (239) 435-7727

Thursday, September 17, 6:00pm
CCMS Women Physicians Social
Seasons 52

Thursday, September 23, 6:00pm
Webinar: Conducting a Proper Employee Performance Review
Virtual

Saturday, September 26, 8am
Foundation of CCMS
"Docs & Duffers" Charity Golf Tournament
Bonita Bay Club Naples
Support opportunities at ccmsfoundation.org

Thursday, October 8, 6pm
CCMS After 5 Social
Sharp Health MD

Saturday, October 24, 5:30pm
CCMS Family Outing at FC Naples
Paradise Coast Sports Complex

Thursday, November 5, 6pm
CCMS Fall General Membership Meeting
Moorings Park

Thursday, November 12, 6:00pm
CCMS After 5 Social
European Wellness Institute

Thursday, November 19, 6:30pm
CCMS New Members Welcome Reception
Vineyards Country Club
Sponsor opportunities at ccmsonline.org/support

Wednesday, December 2, 6:00pm
CCMS After 5 Social
Innovation Hotel

Thursday, January 14, 6:00pm
CCMS Women Physicians Social
Hosted by Dr. Kiran Gill

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On the cover:

Drs. Rebekah Bernard, Rafael Haciski, Michael McGee, Tam Mai, Mazen Albeldawi, Sonal Sura, Glenn Groat, Alexandra Grace, Jose Baez, Catherine Kowal, and Erik Hiester.

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Views and opinions expressed in *The Forum* are those of the authors and are not necessarily those of the Collier County Medical Society's Board of Directors, staff or advertisers. Copy deadline for editorial and advertising submission is the 15th of the month preceding publication. The editorial staff of *The Forum* reserves the right to edit or reject any submission.

MEMBER NEWS

New Members:



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Navid Farahbakhsh, MD

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Joseph Hlopak, DO

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Clayton J. Rabens, MD

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Board Certified: Family Medicine



Raju K. Vaddepally, MD

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Xin Yao, MD

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Board Certified: Medical Oncology;
Hematology; Internal Medicine

Practice Updates:

Sarah S. Baker, MD

Internal Medicine
Joined Practice: Northwestern Medicine Florida Medical Group –
Concierge Medicine
681 4th Avenue N Ste 201, Naples, FL 34102
Phone: (239) 692-8495 Fax: (239) 692-8499

Amanda Lidgard, DO

Family Medicine
Joined Practice: Lee Physician Group
2515 Northbrooke Plaza Dr Ste 200, Naples, FL 34119
Phone: (239) 254-5951

Kinjal Suryawala, MD

Pediatric Gastroenterology
Opened Practice: Lucent Physician Group
130 9th Street N Unit 100, Naples, FL 34102
Phone: (239) 540-8262 Fax: (239) 323-0921
Board Certified: Pediatrics; Pediatrics Gastroenterology

Eugene T. Finan, MD

Internal Medicine
Finan Complete Medical Care
New Address: 840 111th Ave N Ste 2, Naples, FL 34108

Newly Retired:

Rebecca Lambert, MD



CCMS Member Dues

The **2027** CCMS dues deadline is **Dec. 31, 2026**. Members (or their groups) can pay online today at ccmsonline.org/membership. Invoices will also be mailed directly to members who pay individually, or to practice administrators for group payment. Auto-renewal and installment plans are available.

Thank you for renewing!



Mission: Serve the needs of our physician members so they can better serve the needs of the community

A Message from the CCMS President

Glenn Groat, MD – Board President, Collier County Medical Society



It is a tremendous honor and privilege to begin my term as the 69th President of the Collier County Medical Society. I am deeply grateful for the trust that my colleagues have placed in me, and I look forward to serving our members and our community over the coming year.

Medicine continues to evolve at an extraordinary pace. Every day, physicians face new clinical challenges, increasing administrative burdens, changing reimbursement models, and an ever-shifting legislative landscape. While these challenges can seem overwhelming, they also remind us why organizations like the Collier County Medical Society (CCMS) and the Florida Medical Association (FMA) are more important than ever. Together, we have a stronger voice than any of us could have alone.

One of the highlights of the past several weeks was leading our CCMS delegation at the 2026 Florida Medical Association Annual Meeting in Orlando. This annual gathering brings together physician leaders from every corner of Florida and across nearly every medical specialty. It serves as the legislative and policy-making body of organized medicine in our state, where physicians debate important issues, develop policy, and determine the priorities that will shape healthcare in Florida for years to come.

This year's meeting featured thoughtful discussion on many issues affecting our profession, including physician workforce shortages, prior authorization reform, reimbursement, physician wellness, and scope of practice.

As physicians, we recognize the value that every member of the healthcare team brings to patient care. At the same time, we have a responsibility to ensure that patients receive care that is safe, evidence-based, and delivered by professionals with the appropriate education, training, and experience. The discussions surrounding scope of practice reinforced the importance of physician leadership in protecting the highest standards of patient care. These conversations are not about limiting access to care—they are about ensuring that every Floridian receives the right care from the right provider.

Our CCMS delegation was proud to participate in these discussions, advocate for our patients, and represent the physicians of Collier County. However, our influence depends on our numbers. I encourage every physician who is a

member of CCMS but has not yet joined the Florida Medical Association to consider doing so. Membership in the FMA not only strengthens organized medicine throughout the state but also increases the size of our voting delegation at the Annual Meeting. Every additional member gives Collier County a stronger voice when critical healthcare policies are debated and adopted. Visit flmedical.org.

Simply put, more members mean more delegates. More delegates mean greater influence. And greater influence means a stronger ability to protect our patients, our profession, and the future of medicine in Florida.

Advocacy also requires resources. While thoughtful policy discussions are essential, meaningful legislative change ultimately depends on electing leaders who understand and support physician-led care.

This year, delegates representing county medical societies and specialty organizations came together in an extraordinary demonstration of unity and commitment by raising more than \$300,000 for physician advocacy through political action committees. These funds help support candidates and policies that promote high-quality patient care and protect the practice of medicine throughout Florida.

I encourage every CCMS member to support both the CCMS Political Action Committee and the Florida Medical Association Political Action Committee. Contributions of any size make a meaningful difference. They enable organized medicine to remain engaged in the legislative process and ensure that physicians continue to have a respected seat at the table when healthcare policy is being written. Visit ccmsonline.org/advocacy.

The coming year presents tremendous opportunities for our society. We will continue to advocate for physician-led medicine, support our members through education and professional development, strengthen relationships within our community, and inspire the next generation of physicians to become engaged leaders. With your participation, your ideas, and your commitment, CCMS will continue to be a powerful advocate for both physicians and the patients we serve.

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CCMS Members Represent Colleagues at FMA Annual Meeting

Collier County Medical Society

CCMS members represented Southwest Florida physicians at the 2026 Florida Medical Association (FMA) Annual Meeting and House of Delegates, held July 31-August 2 in Orlando. Serving as delegates, they advocated on behalf of their colleagues and helped ensure that the interests of Collier County physicians were represented in statewide policy discussions.

This year's CCMS delegation included CCMS President and Delegation Chair Dr. Glenn Groat, along with Drs. Mazen Albeldawi, Jose Baez, Alexandra Grace, Erik Hiester, Tam Mai, Sonal Sura, Rafael Haciski, and Michael McGee. In addition, CCMS members Drs. Rebekah Bernard and Catherine Kowal participated as delegates through their service on the FMA Board of Directors.

CCMS encourages all members to join or renew their FMA membership. A stronger FMA membership in Collier County means a larger CCMS delegation and a stronger voice in shaping healthcare policy across the state. Visit flmedical.org.

During the meeting, Dr. Bernard was re-elected as FMA Treasurer, and attendees celebrated the installation of Dr. Alma Littles as the FMA's new president.

The Annual Meeting also featured the David A. Paulus, MD Poster Symposium, showcasing research by resident and student physicians. Congratulations to the CCMS resident physician members who presented: Drs. Hussain Ali, Alondra Diaz Diaz, Brooke Norton, Carlos Ojeda, Brian Rodriguez, Tasha Shah, and Stachyse Stanis.

Prior to the meeting, FMA members submitted online testimony on resolutions and Board of Governors reports scheduled for consideration by the House. Those proposals were further reviewed in onsite reference committee hearings before the full House debated and voted on the committees' recommendations.



CCMS delegates and CCMS resident physicians at the FMA Poster Presentation

Resolutions Adopted:

Resolution 26-103: Declaring Ultra-Processed Food a Primary Driver of the Pediatric Chronic Disease Epidemic and Calling for Nutritional Standards Reform in Federal Food Assistance Programs. FMA declares ultra-processed food consumption a leading and addressable driver of the pediatric obesity epidemic in Florida and the United States, and supports nutritional standards for school meals, childcare food programs, and federal feeding programs that limit the availability of ultra-processed foods to children.

Resolution 26-107: Public Health Oversight of Large-Scale Data Center Development in Florida. FMA supports evidence-based public health review and transparent reporting on the effects large-scale data centers have on public health and the environment.

Resolution 26-108: Expanding Opioid Overdose Education in Florida Public High Schools. FMA encourages developmentally appropriate, skills-based instruction on opioid overdose recognition and naloxone administration within Florida's existing school-based opioid education framework and public and private high school health education curricula.



Dr. Rebekah Bernard and Dr. Alexandra Grace

Resolution 26-201: Modernization of the FMA Medical Staff Bylaws. FMA will create a task force to update its model medical staff bylaws to address current issues including telehealth credentialing, advanced practice provider oversight, economic credentialing, conflicts of interest in peer review, anti-retaliation protections,

separation of wellness and disciplinary proceedings, NPDB reporting practices, and due process in AI-driven quality review. The updated model will be available for voluntary use by Florida hospitals, medical staffs, and county and specialty medical societies.

Resolution 26-307: Sustaining Florida's Rural and Underserved Primary Care Workforce Through Long-Term Retention Incentives. FMA supports developing and implementing retention incentives for primary care physicians who practice in rural and medically underserved areas of Florida.

Resolution 26-312: Preserving Physician Contract Integrity in Preferred-Provider Agreements. FMA seeks legislation requiring health plans and related entities to honor the material terms and payment policies of preferred-provider contracts during their effective term, and statutory safeguards requiring appropriate notice and mutual agreement for adverse material changes, without penalizing or retaliating against physicians who decline such changes.

Resolution 26-313: Support for Legislation Clarifying Patient Referrals Between Independently Owned Health Care Providers and Facilities. FMA supports legislative and regulatory efforts clarifying that good-faith patient referrals between independently owned health care providers and facilities are permissible when no improper financial relationship exists beyond ordinary payment for services, and will work with state lawmakers and stakeholders to advance clear guidance regarding lawful referrals.

Resolution 26-401: Support for Physicians Pursuing Collective Bargaining and Unionization. FMA supports the concept of collective bargaining for physicians, including physician unionization in Florida.

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Resolution 26-402: FMA to Examine the Feasibility of Physicians' Unionization in Florida. FMA's legal team will examine the feasibility of establishing a physician union in Florida for collective bargaining and obtain advice from attorneys specializing in labor law regarding the potential creation of such a union.

Resolution 26-406: Preserving the Physician "Buy and Bill" Care Delivery Model to Protect Patient Access and Affordability. FMA affirms that both physician "buy and bill" and pharmacy-based medication delivery models should remain available, and opposes legislative or regulatory actions that would restrict physicians' ability to obtain and administer medications under the medical benefit.

Resolution 26-410: Urging Timely Announcement of Rural Health Transformation Program Notices of Award. FMA urges the Florida Agency for Health Care Administration to announce Rural Health Transformation Program awards without further delay so recipients have adequate time to implement projects and expend federal funding within required timeframes, and will communicate this request to state leadership.

Resolution 26-112: Support Pediatric Associates Lawsuit v. Florida Agency for Health Care Administration (AHCA). FMA will use its influence to support appropriate Medicaid payment for physicians who treat pediatric patients and support expanding Florida KidCare funding to mandated levels.

Resolution 26-304: Calling for Evidence-Based Prescribing Standards and Independent Review of Psychotropic Medication Use in the American Pediatric Population. FMA affirms that psychotropic prescribing for children and adolescents should be grounded in individualized clinical assessment and evidence-based diagnostic criteria, with non-pharmacological interventions considered where appropriate; supports continued development and dissemination of evidence-based prescribing guidance and continued state funding for Florida's best-practice psychotherapeutic medication guidelines; reaffirms existing policy concerning physician reimbursement for professional services delivered electronically; and communicates the resolution to appropriate state and national organizations.

Resolution 26-305: Emergency Department Boarding. FMA supports state-level efforts to monitor, report, and reduce emergency department boarding times; standardized public reporting of boarding metrics; development of a statewide real-time hospital bed-capacity tracking system; and coordination between hospitals and state agencies to address inpatient capacity constraints. The House added language supporting the exclusion of hospitals designated as rural under Florida Statute 395.602 and Critical Access Hospitals from facility-identified public reporting requirements.

Resolution 26-309: Improving Post-Acute Care Access Through Prior-Authorization Transparency and Network Adequacy. FMA supports requiring Medicaid managed care plans and commercial insurers to publish acute and post-acute care prior-authorization performance data, including approval and denial rates, decision times and appeal overturn rates, and supports network-adequacy standards to ensure timely access to medically necessary acute, post-acute and rehabilitation care.



Dr. Jose Baez and Dr. Michael McGee

Resolution 26-310: Modernizing Medical Necessity Criteria for Eating Disorder Treatment and Reimbursement. FMA supports using comprehensive clinical indicators—including rate of weight loss, vital-sign stability, metabolic status and other evidence-based measures—rather than BMI alone when insurers determine medical necessity for eating-disorder treatment, while recognizing the treating physician's clinical judgment and individualized assessment. FMA also encourages physician education regarding malnutrition, eating disorders across the weight spectrum, and the effects of weight stigma.

Resolution 26-403: Addressing Cross-State Medicaid Barriers to Pediatric Care for Georgia and Alabama Medicaid Beneficiaries in Florida. FMA supports policies and interstate arrangements addressing cross-state access, reimbursement, prescription and diagnostic-testing coverage, and follow-up care for patients receiving care from Florida physicians near state borders.

Resolution 26-404: Reimbursement for Electrocardiograms Required for Preparticipation Sports Physicals. FMA advocates for adequate and consistent public and private payer reimbursement for physician-performed and physician-interpreted ECGs and necessary follow-up care associated with mandatory preparticipation sports physicals, and supports payment structures that do not shift these costs to patients or families.

Resolution 26-409: Improving Accountability, Transparency, and Administrative Efficiency in Florida Medicaid Managed Medical Assistance Reimbursement. FMA will review the implications of AHCA's Medicaid Managed Medical Assistance report, collaborate when appropriate with physician stakeholders and specialty societies on related advocacy and policy, and advocate for transparency, physician input, reduced administrative burden, and continued access to high-quality care for Florida Medicaid beneficiaries.

Referred to the FMA Board of Governors for decision:

Resolution 26-109: Prioritizing Child Safety in Custody Decisions. Proposes FMA support for strengthening child-custody laws and judicial practices to prioritize child safety and well-being in cases involving family violence, including qualified expert testimony, evidence-based assessments, trauma-informed training, and consideration of documented abuse and domestic violence.

Resolution 26-202: ICD-11. Proposes that the FMA delegation ask the AMA to advocate for adoption of ICD-11 as a replacement for ICD-10 in HIPAA-covered transactions.

Resolution 26-301: Availability and Use of Airway Clearance Devices for Choking Emergencies in Schools. The proposal would have FMA advocate for Florida public and charter schools to maintain an FDA-registered suction-based airway-clearance device for use as a second-line adjunct in choking

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Beyond the Bottom Line: The Bigger Picture of Practice Success

Julie Simpson, CHBC – Senior Business Advisor, MarkhamNorton

Physicians spend their careers making decisions that affect their patients' health and well-being. Yet they may not have the same visibility into the financial health of their own practices.

A healthy medical practice is more than a profitable business. It is a financial asset that can provide stability today and contribute to long-term wealth. The key is to manage the practice with the same intentionality as patient care.

Start with the fundamentals. Clear financial policies help patients understand their responsibilities before balances become difficult to collect. Monitoring accounts receivable, net collection rates, overhead, revenue, and profitability provides an early warning system for financial problems. These metrics are the practice's financial vital signs.

Revenue cycle management is another critical area. Eligibility verification, accurate and timely claims, prompt follow-up on denials and underpayments, convenient patient payment options, and periodic review of payer contracts can make a meaningful difference in cash flow. With increasing payer scrutiny and reimbursement pressure, practices cannot afford to overlook earned revenue.

Expense management also matters, but the goal should not simply be to spend less. Physician owners should ask whether significant expenses contribute to quality, efficiency, growth, or profitability. Vendor negotiations, group purchasing, technology, and outsourcing non-core functions can improve the bottom line without compromising patient care.

Perhaps the most important question is what happens to practice profits.

For many physicians, practice income is a significant source of wealth. Tax planning and retirement strategies can help convert that income into long-term financial security.

Depending on age, income, and practice structure, strategies such as a Cash Balance Plan may allow substantially greater tax-advantaged retirement contributions than a traditional retirement plan alone.

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emergencies and support standardized training and protocols for school personnel.

Resolution 26-405: Calling for Reform of Direct-to-Consumer Pharmaceutical Advertising in the United States. Calls for FMA to advocate for major reforms to direct-to-consumer prescription drug advertising, including federal legislation to substantially restrict or prohibit such advertising; stronger FDA requirements to ensure advertisements accurately and prominently disclose serious risks, warnings, and comparative effectiveness information when available; and greater transparency regarding how much pharmaceutical manufacturers spend on advertising compared with research and development.

Resolution 26-408: Supporting Medicaid-Funded Reentry Care and Continuity of Treatment for Justice-Involved Floridians. Referred to the Board for decision. The proposal

Practice planning and personal financial planning should not occur in separate conversations. Decisions about profitability, compensation, taxes, retirement savings, investments, and a future practice transition are interconnected. A coordinated approach can help physicians make better decisions today while preserving tomorrow's options.

Whether retirement is five years away or twenty, it is never too early to consider the end goal. A successful exit may involve selling to another physician, bringing in a partner, transitioning to a larger organization, or building systems that allow the practice to operate effectively with reduced owner involvement.

The measure of a successful medical practice is not only how well it serves patients. It is also whether it provides the physician owner with financial security, flexibility, and the freedom to choose what comes next.

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supports Florida pursuing federal Medicaid authority to provide eligible individuals leaving correctional facilities with covered prerelease services, including care coordination, health and substance-use screening, overdose prevention, and access to necessary medications at release.



Dr. Sonal Sura is interviewed by FMA

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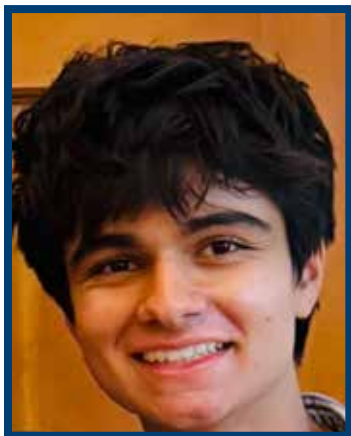
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Can Smarter Pathology Practices Make Medicine More Sustainable?

Sachin S. Nanavati – Collier Endoscopy and Surgery Center and Community School of Naples, Class of 2027



Colon cancer is the second leading cause of cancer death in the United States. Over the past few decades, colonoscopy screening has reduced the number of colon cancers and death related to colon cancer by 33-40%. During a colonoscopy approximately 40% of patients will have small polyps. Polyps are the nidus for possible eventual colon cancer as many are precancerous.

These polyps are removed and sent for pathologic interpretation to help guide the time of the next colonoscopy. During my time at Collier Endoscopy and Surgery, I noted all polyps were being sent for pathology even though the gastroenterologist was relatively comfortable with his optical analysis of the removed polyps and its risk to the patient. This led me to a question that we both believed deserved thoughtful discussion.

Nearly every polyp removed is sent to a pathology laboratory, where it is transported, processed, embedded, sliced, stained, mounted on plastic slides, analyzed by a pathologist, documented, and stored. This process has long been considered the standard of care and has undoubtedly contributed to the early detection and prevention of colorectal cancer. However, if the clinical and optical analysis by the physician is just as strong without the pathologic review, could the polyps be discarded after removal? I reviewed 300 patient charts over the past several years measuring the value of evaluating all diminutive colon polyps—those measuring less than 1 centimeter. Comparing the notes of the physician immediately after the colonoscopy I tried to determine if pathologic evaluation of the removed polyps in average risk patients led to any change in surveillance or clinical recommendations.

Most polyps <1cm proved to be clinically insignificant in my retrospective analysis of 300 colonoscopies with polypectomy. Greater than 90% of optical findings and recommendation on endoscopy reports were congruent to the pathologic interpretation. My findings suggested a strong concordance between the recommendations made by the endoscopist to results of pathologic review. When there was a difference in surveillance recommendation, often the former lead to a conservative recommendation of earlier surveillance.

There are multiple benefits to the “cut and throw” method. Environmental advantages would be substantial. Every specimen sent to pathology requires a packaging, transportation, processing, chemicals for tissue preparation, and eventual disposal of many materials. Although each individual specimen contributes only a small amount of waste, the cumulative impact across millions of colonoscopies performed every year is significant.

The economic considerations are substantial. In the United States alone 15 million colonoscopies are performed annually. In 40% of colonoscopies polyps are removed. The cost for specimen evaluation and review can range from \$200-500 per polyp. Given that many polyps removed are <1cm (75%), the estimated cost for saving would be more than \$1 billion dollars annually to our already strained health care system.

The current guidance by the Preservation and Incorporation of Valuable Endoscopic Innovations (PIVI)³ committee of the American Society of Gastrointestinal Endoscopy (ASGE)³ has recommended diminutive polyps (<0.5 cm) may be discarded after removal if high resolution optical endoscopy deems the polyp low risk. Multiple prior investigations have shown that there is a 90% concordance in management of surveillance intervals between optical decisions and pathologic review.^{1,2} As my observation noted, that practice is not yet standardized. Our analysis of polyps <1cm gives consideration for not only for “cut and discard” policy to be encouraged, but possibly also raising the question of can we extend that to slightly large polyps.

Perhaps the most exciting aspect of this discussion is that it extends well beyond gastroenterology. Colon polyps represent only one category of tissue routinely analyzed throughout medicine. If future research demonstrates that certain low-risk specimens can be managed safely through more selective protocols, similar principles could eventually influence pathology practices in other medical specialties.

Progress in medicine has always begun with thoughtful questions. Challenging long-standing practices does not diminish their importance; it strengthens them by ensuring they continue to serve patients as effectively as possible. As healthcare seeks to become more sustainable, more efficient, and more cost-conscious, examining the necessity of routine pathology for the lowest-risk colon polyps may represent one small question with surprisingly broad implications.

- 1) Radaelli F. The Resect-and-Discard Strategy for Management of Small and Diminutive Colonic Polyps. *Gastroenterol Hepatol* (N Y). 2013 May;9(5):305-8. PMID: 23943666; PMCID: PMC3740807
- 2) von Renteln D, Kaltenbach T, Rastogi A ...Simplifying Resect and Discard Strategies for Real-Time Assessment of Diminutive Colorectal Polyps. *Clinical Gastroenterology and Hepatology*, 2017; 16, 706-714
- 3) Abu Dayyeh B, Thosani N, Konda V ...ASGE Technology Committee systematic review and meta-analysis assessing the ASGE PIVI thresholds for adopting real-time endoscopic assessment of the histology of diminutive colorectal polyps. *Gastrointestinal Endoscopy*, 2015; 81, 502.e1-502.e16

Shardul A. Nanavati, M.D.
Collier Endoscopy and Surgery Center, Medical Director
Advanced Gastroenterology of Naples, LLC

The preceding opinion paper examines the potential economic consequences of a long-standing practice that may no longer be

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Foundation of CCMS Announces Inaugural Nursing Scholarship Recipients

Foundation of Collier County Medical Society



Kathy Lampl Bernard



Greg Frengel graduated from Thomas S. Wootton High School (Rockville, MD) and is a Practical Nursing student in the class of 2027 at Lorenzo Walker Technical College. "I am so honored to be recognized for this prestigious award that will help me to continue my education in bedside nursing. I am so grateful to be supported by this local foundation and the Bernard family, that will help me to support the healthcare needs in my local community."

The Foundation of Collier County Medical Society board of directors is pleased to announce the inaugural recipients of its 2026 Kathy Lampl Bernard Memorial Nursing Scholarship awards: Gianna Gorman, who received a \$2,500 scholarship, and Greg Frengel, who received a \$1,000 scholarship.

The scholarship was endowed by Dr. Rebekah Bernard, CCMS Physician of the Year 2026 and a Foundation of CCMS board member, in memory of her mother, Kathy Lampl Bernard. Mrs. Bernard was a devoted bedside nurse who spent her career caring for patients in hospital and nursing home settings. This scholarship supports nursing students who are committed to following a similar path. It is the third scholarship program to be introduced by the Foundation of CCMS, which has provided over \$280,000 in scholarship awards since 2013.

"On behalf of The Foundation, I am proud to recognize Gianna and Greg as the first recipients of the Kathy Lampl Bernard Memorial Nursing Scholarship," said Dr. Bernard. "Their commitment to pursuing careers in bedside nursing reflects the compassion, dedication, and hands-on care that defined my mother's life and career. Thank you to our donors and supporters for helping the Foundation invest in aspiring nurses who will make a meaningful difference in the lives of patients and families throughout our community."



Gianna Gorman graduated from Mariner High School (Cape Coral) and is seeking a Bachelor of Science in Nursing at Florida Gulf Coast University, class of 2030. "I am deeply grateful and humbled to receive the support of the Foundation as I begin my journey in healthcare. This scholarship reinforces my passion for nursing and my commitment to serving others. I am excited to

continue my education and gain the knowledge and experience needed to become a compassionate and dedicated nurse."

The Foundation's signature fundraiser, the Docs & Duffers Golf Tournament on September 26, 2026 will help raise funds for its scholarship program and local healthcare programs in need. The Foundation is a 501(c)3 charitable organization launched by the Collier County Medical Society in 2012, with the mission to provide support and leadership to programs that address access to healthcare and promote health education. More information on supporting the Foundation and its scholarships is available at ccmsfoundation.org.

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necessary: the routine histopathologic evaluation of all colorectal polyps removed during colonoscopy. In current clinical practice, most, if not all, gastroenterologists submit every resected polyp for histologic examination. This review questions whether this universal approach remains justified in light of advances in endoscopic technology and diagnostic accuracy.

The American Society for Gastrointestinal Endoscopy (ASGE), through its Preservation and Incorporation of Valuable Endoscopic Innovations (PIVI) initiative, has already endorsed the concept of a "resect-and-discard" strategy for selected diminutive colorectal polyps. Building on this established framework, the present analysis explores whether a similar approach could be safely extended to polyps measuring less than 1 cm, rather than being limited to diminutive lesions (<5 mm) as originally evaluated by the PIVI committee.

Clinical judgment and optical diagnosis continue to improve with rapid advances in endoscopic imaging, high-definition instrumentation, artificial intelligence (AI)-assisted lesion characterization, and emerging technologies capable of providing real-time histologic assessment during endoscopy. As these innovations mature and demonstrate equivalent diagnostic performance, the medical community has an obligation to critically re-evaluate existing standards of care. When supported by robust clinical evidence, adopting more selective histopathologic evaluation has the potential not only to maintain or improve patient outcomes but also to reduce unnecessary healthcare expenditures and resource utilization.

Building Resilient Children: Why Mental Wellness Belongs in Every Classroom

Carlos Quintero MD - Founder, Everwell Precision Health, Naples Concierge Medicine and Personalized Primary Care



Nutrition, exercise, and preventive care are among the first things that come to mind when we think about children's health. Yet a child's mental and emotional well-being is just as important to their ability to learn, develop healthy relationships, and thrive later in life.

Children today face a complex mix of pressures and difficult experiences. Bullying, social

isolation, and anxiety can have lasting consequences when children lack the skills or support to cope. According to the Centers for Disease Control and Prevention's nationally representative 2023 Youth Risk Behavior Survey, 40% of high school students experienced persistent feelings of sadness or hopelessness, 20% seriously considered attempting suicide, and 19% were bullied on school property during the previous year.¹

Although these statistics concern high school students, they point to an important opportunity: prevention and skill development can begin years earlier.

Mental wellness is not simply about responding when a child is struggling. It is also about helping children develop the skills, relationships, and sense of connection that allow them to navigate challenges successfully. Resilience, self-control, empathy, cooperation, perseverance, and responsible decision-making can be taught, practiced, and strengthened over time. This is where character education can play an important role.

Charity for Change provides a weekly resiliency and character education program for pre-K through fifth-grade students, integrating standards-aligned academic enrichment and service-learning. Students explore nine core character traits—citizenship, perseverance, kindness, self-control, tolerance, responsibility, integrity, cooperation, and respect—and are given opportunities to put them into practice.

The goal is not simply for a student to define “kindness” or “resilience” on a worksheet. It is for a child to recognize what those qualities look like in everyday life: resolving a disagreement respectfully, persevering through a difficult assignment, showing empathy toward a classmate, or taking responsibility for an action.

The program uses interactive lessons, movement-based activities, games, videos, and service-learning experiences to make these concepts tangible. Students also connect what they are learning to their communities by learning about charitable organizations and participating in projects that allow them to give back and practice generosity at a young age.

There may be no greater investment than the health of our children. A 2015 benefit-cost analysis of school-based

social-emotional learning interventions with prior evidence of effectiveness estimated a weighted average benefit-cost ratio of about \$11 for every \$1 invested across the six programs.² The modeled benefits included savings associated with crime and substance use, along with gains in education, earnings, and other long-term outcomes. The authors cautioned that differences in evaluation quality and measured outcomes limited direct comparisons among the individual interventions.

A separate longitudinal study following children from kindergarten into young adulthood found statistically significant associations between early social competence and outcomes across education, employment, mental health, criminal activity, and substance use.³ Although observational, the findings reinforce the relevance of early social and emotional development across the life course.

It takes everyone to create a healthy community. Mental wellness should not be viewed as the responsibility of one system alone. Pediatricians and other health care providers can identify concerns and connect families with appropriate care; schools provide daily opportunities for connection and skill development; families reinforce healthy behaviors at home; and community organizations give children opportunities to practice compassion and civic responsibility. Each has an essential role.

Together, these systems can strengthen protective factors that help children feel connected and supported. In an analysis of the 2023 YRBS, the CDC found that high levels of school connectedness were associated with a lower prevalence of all four mental health and suicide risk indicators examined, although the cross-sectional survey cannot establish causation.

Charity for Change believes that giving children these tools early can create a ripple effect beyond their school years. Children who practice perseverance may be better prepared to face setbacks. Those who practice empathy may be more likely to care for others. Those who learn responsibility and civic engagement may be better equipped to strengthen their communities.

Mental wellness is an investment in today's children and the health of tomorrow's community. By helping children develop resilience and character before challenges become crises, we can support their ability to navigate life's difficulties, succeed in school, and grow into compassionate, capable adults who make a difference in the world around them.

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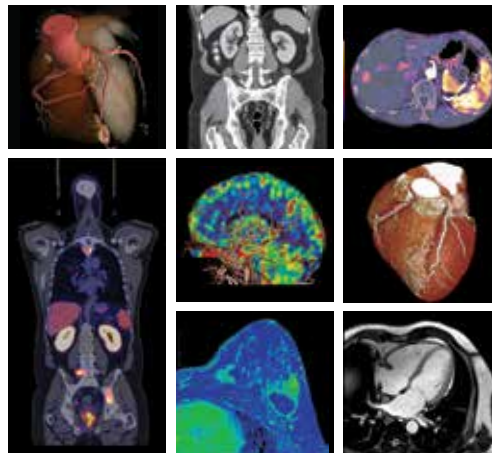
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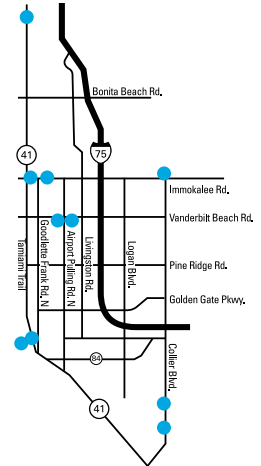
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